# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2023 calendar year, or tax year beginning	and	l ending			
В	Check if applicable	C Name of organization			D Employer ide	ntificat	tion number
	Addre		IANCE				
	Name chang	Doing business as			52-212	<u> 2720</u>	)
	Initial return	Number and street (or P.O. box if mail is not delivered to street address	ss)	Room/suite	E Telephone nu	nber	
	Final return/	P.O. BOX 1537	,		484-87	9-61	L60
	termin ated		al code		G Gross receipts \$		13,561,180.
	Amend		21 0000		H(a) Is this a grou	ın retu	
	return Applic tion		(IDD		1		
	tion pendir			10225	for subordin		
_		9 533 W UWCHLAN AVENUE, DOWNINGTOWN		19335	H(b) Are all subordina		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.)	4947(a)(1)	or 527	1		t. See instructions
	Websit				H(c) Group exem		
		organization: X Corporation Trust Association Oth	ier	<b>L</b> Year	of formation: 199	8  <b>M</b> S	state of legal domicile: VA
P	art I	Summary					
4	1	Briefly describe the organization's mission or most significant activities	s: <u>TO T</u>	REAT A	ND CURE F	RIED	REICH'S
Governance		ATAXIA (FA) BY ADVANCING RESEARCH,	AWAREN	IESS AI	ID PARTNER	SHIE	PS.
'n	2	Check this box if the organization discontinued its operation	ns or dispo	sed of more	than 25% of its ne	t assets	S.
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)				3	18
ဗိ	4	Number of independent voting members of the governing body (Part V				4	16
≪	5	Total number of individuals employed in calendar year 2023 (Part V, lir				5	17
ij	6					6	500
Activities &	7-	Total number of volunteers (estimate if necessary)					0.
Ä	/ a	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1	·····		7b	
					Prior Year	$\leftarrow$	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)			11,604,34	-	12,011,078.
Revenue	9	Program service revenue (Part VIII, line 2g)				0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,51		35,631.	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-639,95		-843,666.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A	), line 12)		11,042,91	1.	11,203,043.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			9,234,26	9.	9,307,077.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5-10)		1,194,38	6.	1,461,477.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
per	.   ь	Total fundraising expenses (Part IX, column (D), line 25)	297,5	35.			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			704,09	2.	1,432,219.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2			11,132,74		12,200,773.
	1	Revenue less expenses. Subtract line 18 from line 12			-89,83		-997,730.
		neverue less expenses. Subtract line 10 from line 12		Re	ginning of Current Y	_	End of Year
Assets or		Total assats (Dout V. line 1C)			7,260,77		7,752,276.
SSe	20	Total assets (Part X, line 16)			430,34		
Net A	Ⅎ	Total liabilities (Part X, line 26)					1,605,648.
		Net assets or fund balances. Subtract line 21 from line 20			6,830,42	۱. ا	6,146,628.
	art II						
		lties of perjury, I declare that I have examined this return, including accompany	•		•	of my kn	owledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all infor	rmation of w	hich preparer	has any knowledge.		
		O't			D-1-		
Sig	n	Signature of officer			Date		
Hei	re	JENNIFER FARMER, CHIEF EXECUTIVE OF	FICER				
		Type or print name and title		т.			
		Print/Type preparer's name   Preparer's signature	h M +		Date Check	k	PTIN
Pai	d	HELEN M. MARTIN   HOLD	h. Mat			employed	P01330899
Pre	parer	Firm's name EISNER ADVISORY GROUP LLC			Firm's EIN	87-	-1353108
	Only	Firm's address 130 NORTH 18TH STREET, SUIT	E 3000	)			
	-	PHILADELPHIA, PA 19103-2757			Phone no.	(215	5) 881-8800
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions					X Yes No
		Paperwork Reduction Act Notice, see the separate instructions.	332001	12-21-23			Form <b>990</b> (2023)

## Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 1537 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, VA 22151 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JENNIFER FARMER 533 W. UWCHLAN AVENUE - DOWNINGTOWN, PA 19335 Telephone No. 484-879-6160 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Page 2

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO MARSHAL AND FOCUS THE RESOURCES AND RELATIONSHIPS NEEDED TO CURE FA
	BY RAISING FUNDS FOR RESEARCH, PROMOTING PUBLIC AWARENESS AND ALIGNING
	SCIENTISTS, PATIENTS, CLINICIANS, GOVERNMENT AGENCIES AND
	PHARMACEUTICAL COMPANIES DEDICATED TO CURING FA AND RELATED DISORDERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$9, 355, 340 •including grants of \$8, 680, 904 •) (Revenue \$)
	SEE SCHEDULE O
	1 500 001 600 150
4b	(Code:) (Expenses \$1,569,991. including grants of \$626,173. ) (Revenue \$)
	CLINICAL RESEARCH INFRASTRUCTURE
	IN ADDITION TO RESEARCH GRANTS, FARA FUNDS THE ONGOING DEVELOPMENT OF
	DOMAIN RESOURCES IN THE FORM OF VITAL CLINICAL RESEARCH INFRASTRUCTURE.
	CLINICAL RESEARCH INFRASTRUCTURE REFERS TO THE RESOURCES NEEDED TO
	FACILITATE ANY TYPE OF RESEARCH, INCLUDING CLINICAL TRIALS THAT INVOLVE
	PATIENTS. THESE RESOURCES INCLUDE PROGRAMS LIKE:
	FRIEDREICH'S ATAXIA GLOBAL PATIENT REGISTRY: THE FRIEDREICH'S ATAXIA
	GLOBAL PATIENT REGISTRY (FAGPR) IS THE ONLY WORLDWIDE REGISTRY OF
	FRIEDREICH'S ATAXIA PATIENTS. THE GOALS OF THE FAGPR ARE TO COLLECT
	INFORMATION ON ALL FA PATIENTS IN ONE REGISTRY, TO DEVELOP THE REGISTRY
	INTO A POWERFUL RESOURCE FOR RESEARCH, AND TO ENGAGE THE FA COMMUNITY
	IN STUDIES AIMED AT ADVANCING OUR KNOWLEDGE OF FA AND THE TREATMENTS
4c	(Code:) (Expenses \$ 351,618 •) (Revenue \$)
	AWARENESS, EDUCATION, AND OUTREACH PROGRAMS
	AWARENESS: FRIEDREICH ATAXIA (FA) IS A RARE DISEASE; AFFECTING 1 IN
	50,000 INDIVIDUALS. FARA IS DEDICATED TO ADVOCACY AND RAISING AWARENESS
	FOR FA. FARA HAS UTILIZED BOTH TRADITIONAL AND SOCIAL MEDIA STRATEGIES
	TO BRING GREATER AWARENESS TO FA IN THE GENERAL PUBLIC AND TO ENGAGE
	AND EDUCATE THE FA COMMUNITY. FOR EXAMPLE, FARA CONDUCTS AN ANNUAL A
	SOCIAL MEDIA CAMPAIGN THAT ENCOURAGES COMMUNITY PARTICIPATION LEADING
	UP TO FA AWARENESS DAY.
	ADVOCACY: FARA AND THE NATIONAL ATAXIA FOUNDATION (NAF) PARTNERED ON
	SEVERAL ADVOCACY INITIATIVES RELEVANT TO THE ATAXIA COMMUNITY. MOST
	NOTABLY, THE EFFORTS OF THE TWO ORGANIZATIONS RESULTED IN HEREDITARY
	ATAXIA BEING ADDED TO THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH
40	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ 296,502 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 11,573,451.

# Form 990 (2023) FRIEDREICH'S Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		7.7	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <b>\</b> 7.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

#### FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			10	x	

332004 12-21-23

Form 990 (2023)

Form 990 (2023) FRIEDREICH'S ATAXIA RESEARCH ALLIANCE
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 17  1						Yes	No
the for the calendary year ending with or within the year covered by this return 2 a 17 b 1 at least on the imported on the 2,0 dt the organization file all required idearal employment tax returns? 2 a 2 x 3 b 10 th organization have unrelated business gross income of \$1,000 or more during the year? 3 b 1 at Yes, 'has it filed a Form 990 T for this year? # 'No' to Jim 80, provide an explanation on Schedule 0 3 b 4 x any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country business and the provided of the provided of the provided account; and the organization have an interest in, or a signature or other authority over, a financial account; a foreign country business account, and the provided account; and the provided account account and the provided account; and the provided account; and the provided account acco	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.					110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR).  5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction?  5ch Did any taxolization from 900-T for my 8886 7  5c Use the organization appropriation file Form 8886 7  6c Does the organization has unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions.  5ch If Yes," did the organization that clubed with every solicitation an appress statement that such contributions or gifts were not tax deductible?  6ch If Yes," did the organization necessal system and appress to the goods or services provided?  7c Did the organization selection spyring the sease of \$5° naids party is a contribution and party for goods and services provided to the payer?  7c Did the organization selection spyring or formation that the goods or services provided?  7c Did the organization selection spyring or otherwise dispose of familyles personal property for which it was required to the Form 8882 filed during the year  9 Did the sognanization of the year payer premiums, directly or indirectly, to pay premium on a personal benefit contract?  7c Did the organization of s			2a	17			
3a   X   X   1   1   1   1   1   1   1   1	b				2b	х	
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a	_						Х
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction?  5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization receive a payment in extress of \$75 made partly as a contribution and partly for goods and services provided to the payer?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8282 filed during the year  10 bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  7 To X  7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premiums, directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premium in directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premium in directly o							
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					17		

Form **990** (2023) 332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b	1	<u>6</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		*			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	3-		l	
а	The governing body?			<u>8a</u>	X	_
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					7,7
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Τ.,	Τ
40-	Did the averagination have least shorters by another average.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a		<del>                                     </del>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi	e illing the form:	Tia	122	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					$\vdash$
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	1	
·	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			<u> </u>	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAL , AK , AZ , AR , C	A,C	O,CT,FL,G	A,IL	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(	3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	JENNIFER FARMER - 484-879-6160					
	533 W. UWCHLAN AVENUE, DOWNINGTOWN, PA 19335					
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			For	ո <b>990</b>	(2023)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	I		1011	וי	ipoi	louic	(D)	(E)	(F)
Nounce   Process   Nounce   Process   Nounce   Process   Nounce   Process   Nounce   Nounce				(do not check more than one							
Other incidence   Other inci	name and title	1				more	than o		· ·	· ·	
Obstance   Obstance									l '	· •	
Chief Scientific Officer		1	tor								
Chief Scientific Officer		, ,	direc				p		l .		•
Chief Scientific Officer		related	ee or	stee			nsate		"	l ,	organization
Chief Scientific Officer		organizations	trust	al tr		oyee	ed uic		1099-NEC)	·	and related
(1) BARBARA A TATE		below	idual	tutior	er	em pl	est c	Jer.			organizations
CHIEF SCIENTIFIC OFFICER		line)	Indi	Insti	Offic	Key	High emp	Forn			
C1   JENNIFER M FARMER	(1) BARBARA A TATE	40.00									
CHIEF EXECUTIVE OFFICER	CHIEF SCIENTIFIC OFFICER						Х		250,000.	0.	7,799.
California   Cal	(2) JENNIFER M FARMER	40.00									
DIRECTOR OF RESEARCH	CHIEF EXECUTIVE OFFICER				Х				167,825.	0.	5,834.
RONALD BARTEK	(3) ELISABETTA SORAGNI	40.00									
RESIDENT/DIRECTOR	DIRECTOR OF RESEARCH						X		111,935.	0.	15,538.
The color of the	(4) RONALD BARTEK	40.00									
VF FUNDRAISING & COMMS	PRESIDENT/DIRECTOR		Х		Х				114,377.	0.	4,006.
Column	(5) FELICIA DEROSA	40.00									
TREASURER/DIRECTOR FINANCE ADMIN & H							X		102,261.	0.	11,840.
Color	(6) RUTH ACTON	25.00								_	
SECRETARY / DIRECTOR			Х		Х				47,463.	0.	13,735.
Rector   Sanjay Bidichandani   10.00   X		10.00	1						_	_	
Director   X			Х		Х				0.	0.	0.
SPIGID BRIGID BRENNAN   20.00   X	, , , , , , , , , , , , , , , , , , , ,	10.00	1						_	_	_
DIRECTOR   GENERAL COUNSEL   X			X						0.	0.	0.
10.00   Director   10.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	, , , , , , , , , , , , , , , , , , , ,	20.00	ļ								
DIRECTOR   X			Х						0.	0.	0.
DIRECTOR		10.00	ļ								
DIRECTOR	DIRECTOR		X						0.	0.	0.
DIRECTOR	(11) ALEX FIELDING	10.00							_	_	_
DIRECTOR   X			X						0.	0.	0.
THOMAS HAMILTON		10.00	1						_	_	
DIRECTOR   X			X						0.	0.	0.
DIRECTOR   X   D. 00   O.   O.   O.   O.   O.   O.   O.	, ,	10.00	1						_	_	
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Column	(14) DR. HOLLY HEDRICK	10.00							_	_	_
DIRECTOR   X   0. 0. 0.   0.	DIRECTOR		Х						0.	0.	0.
(16) DR. STEVE KLASKO       10.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) DR. KATHY MATHEWS       10.00       X       0.       0.       0.       0.	(15) DEREK G. HENNECKE	10.00	1						_	_	
DIRECTOR         X         0.         0.         0.           (17) DR. KATHY MATHEWS         10.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.			Х						0.	0.	0.
(17) DR. KATHY MATHEWS 10.00 X 0. 0. 0.		10.00	<u></u>						_	_	
DIRECTOR X 0. 0.		10.00	X						0.	0.	0.
		10.00							_	_	_
	DIRECTOR		Х						<u> </u>	0.	

332007 12-21-23

Form **990** (2023)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Es	timate	ed
	hours per week	box	, unle	ss per	rson i	is both	an	compensation	compensation	ו ו		nount	of
	(list any	_	T			1	,	from the	from related organizations	.		other pensa	ntion
	hours for	director				l <sub>e</sub>		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	·		anizat	
	organizations	trust	nal tr		oyee	ed mo		1099-NEC)			and	d relat	ed
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
(10) DD TIMES WESTERNESS	line)	PL	l su	JJ0	Key	e Hig	For			$\dashv$			
(18) DR. JAMES MCARTHUR DIRECTOR	10.00	X						0.		0.			Λ
(19) TONY PLOHOROS	10.00	Δ	$\vdash$			$\vdash$		0.		<del>                                      </del>			0.
DIRECTOR	10.00	X						0.		0.			0.
(20) PATRICK RITSCHEL	10.00	22						•		•			•
DIRECTOR	10.00	х						0.		0.			0.
(21) DR. JAMES R. RUSCHE	10.00									<del>`</del>			
DIRECTOR		х						0.		0.			0.
(22) PAUL AVERY	10.00												
CHAIRMAN/ DIRECTOR		Х		Х				0.		0.			0.
			_							$\longrightarrow$			
		-											
								702 061		0.		0 7	52.
1b Subtotal								793,861.		0.	3	o , /	0.
c Total from continuation sheets to Part VI								793,861.		0.	5	2 7	52.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 of roportable	<u>• •                                   </u>		<i>5</i> , <i>1</i>	<u>JZ.</u>
compensation from the organization	ot illilited to th	1036	liste	u au	ove	;) vvii	016	eceived more triair \$100,	ooo of reportable				5
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee k	cev e	empl	ove	e or	hic	nhest compensated emp	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							-	•		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	actor	s th	hat received more than \$	100,000 of compe	ensat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	ear.				
(A)								(B)		_	(C		
Name and business								Description of s			ompei	nsatio	n
•								INTERNATIONA:			11	2 2	2.0
BRUSSELBAAN 473, SINT-PIE	CLEKS-PE	ΕU	w ,					RESEARCH AND	ADVOCAC		ТТ.	3,3	39.
-													

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) FRIEDRE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
<b>ω</b> ω	-	_	Federated campaigns	1a	9,229.				
Contributions, Gifts, Grants and Other Similar Amounts				1b	5,225.				
ij g			Membership dues	1c	3,818,252.				
fts, Ar			Fundraising events		3,010,232.				
ig ig			Related organizations	1d					
ns, Sim			Government grants (contributions)	1e					
utio er (		Ť	All other contributions, gifts, grants, and		0 103 507				
현된			similar amounts not included above	1f	8,183,597.				
ont od (		_	Noncash contributions included in lines 1a-1f	1g  \$	284,818.	10 011 050			
<u>0 g</u>		h	Total. Add lines 1a-1f			12,011,078.			
					Business Code				
e S	2	а							_
Program Service Revenue		b							
S		С							
an eve		d							
og B		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
						130,614.			130,614.
	4		Income from investment of tax-exem						
	5		Royalties	-					
			(i	) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
				ecurities	(ii) Other				
	'	а	ti des annount nom ourse or	998,025.	()				
		h	Less: cost or other basis	,					
Φ		D		093,008.					
ğ				94,983.					
eve				· ·		-94,983.			-94,983.
her Revenue			Net gain or (loss)	I .		74,703.			74,703.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 3,818,252.	-					
			contributions reported on line 1c). So		401 463				
			Part IV, line 18		421,463.				
			Less: direct expenses		1,265,129.	042.666			042.666
			Net income or (loss) from fundraising			-843,666.			-843,666.
	9	а	Gross income from gaming activities	I					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I					
			and allowances						
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inv	ventory					
ω					Business Code				
ë o	11	а							
Miscellaneous Revenue		b							
eve		С							
Aisc B		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			11,203,043.	0.	0.	-808,035.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A)	
00011	Check if Schedule O contains a respon			ipioto ooiailiii (rt).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21	7,001,397.	7,001,397.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	53,400.	53,400.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,252,280.	2,252,280.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	291,732.	218,799.	23,262.	49,671.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	969,778.	715,459.	161,406.	92,913.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,031.	17,016.	3,947.	2,068. 10,636.
9	Other employee benefits	88,543.	64,940.	12,967.	10,636.
10	Payroll taxes	88,393.	64,810.	12,856.	10,727.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	27,406.	10	27,406.	
d	Lobbying	12,550.	12,550.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E0E 602	660 000	1 100	25 100
	column (A), amount, list line 11g expenses on Sch O.)	707,623.	669,227.	1,197.	37,199.
12	Advertising and promotion	22 040	0.700	4 200	15 660
13	Office expenses	22,849.	2,790.	4,399.	15,660.
14	Information technology				
15	Royalties	50,250.	24 007	8,882.	7 261
16	Occupancy	209,747.	34,007. 161,103.	47,476.	7,361. 1,168.
17	Travel	209,747.	101,103.	47,470.	1,100.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			+	
19	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21 22	Payments to affiliates				
		13,993.		2,737.	11,256.
23 24	Other expenses. Itemize expenses not covered	10,000		2,1314	11,250
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) SUBSCRIPTIONS & LICENSI	320,095.	290,829.	12,683.	16,583.
a b	CREDIT CARD & BANK FEES	23,026.	210.	12,003.	22,816.
C	PRINTING AND COPYING	13,846.	5,995.	534.	7,317.
d	POSTAGE SERVICES	10,865.	2,621.	1,350.	6,894.
	All other expenses	19,969.	6,018.	8,685.	5,266.
25	Total functional expenses. Add lines 1 through 24e	12,200,773.		329,787.	297,535.
26	Joint costs. Complete this line only if the organization	==,===,,,,,,,	==,0.0,1010	227,70,4	
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,002,584.	1	3,076,159	
	2	Savings and temporary cash investments		1,961,536.	2	1,880,952
	3	Pledges and grants receivable, net		369,612.	3	766,590
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
₹	9	Prepaid expenses and deferred charges		52,398.	9	49,155
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		1 500 550	10c	1 000 166
	11	Investments - publicly traded securities	1,728,750.	11	1,870,166	
	12	Investments - other securities. See Part IV, line	F 450	12	F 4F0	
	13	Investments - program-related. See Part IV, lin	5,458.	13	5,458	
	14	Intangible assets		140 426	14	102 706
	15	Other assets. See Part IV, line 11		140,436.	15	103,796
-	16	Total assets. Add lines 1 through 15 (must ed		7,260,774.	16	7,752,276
	17	Accounts payable and accrued expenses		276,962.	17	1,489,034
	18	Grants payable	11,490.	18	4,567	
	19	Deferred revenue		11,490.	19	4,307
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
Liabilities	22	Loans and other payables to any current or fo				
<u> </u>		trustee, key employee, creator or founder, sub			22	
	22	controlled entity or family member of any of the Secured mortgages and notes payable to unre			23	
	23 24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,			24	
	25	parties, and other liabilities not included on lin	• •			
				141,897.	25	112,047
	26	Total liabilities. Add lines 17 through 25		430,349.		1,605,648
		Organizations that follow FASB ASC 958, c				
es		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		5,146,272.	27	5,182,849
Ba	28	Net assets with donor restrictions		1,684,153.	28	963,779
힏		Organizations that do not follow FASB ASC				
ᆵ		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		6,830,425.	32	6,146,628
-	33	Total liabilities and net assets/fund balances		7,260,774.	33	7,752,276

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	20	0,7	73.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	99'	7,7	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	83	0,4	25.
5	Net unrealized gains (losses) on investments	5		23	1,2	31.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		8:	2,7	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6,	14	5,6	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		nt			
				O.		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720

Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete the	nis part.) S	ee instructions.			
The	organ	nization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or association	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz						the hospital's name,		
		city, and state:								
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public de								
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b>	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.			
а	· L		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b	, L		anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by have	ving		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions	). You must complete i	Part IV, Se	ections A,	D, and E.			
C	ı 🗀		<b>/ integrated.</b> A supp	oorting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
e	• L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
		vide the following information			(iv) la the era	anization listed				
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
<del>_</del> .										
Tota	ai						1	1		

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7146206.	12628384.	7808772.	11604349.	12011078.	51198789.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7146206.	12628384.	7808772.	11604349.	12011078.	51198789.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						12667220.
6	Public support. Subtract line 5 from line 4.						38531569.
Se	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	7146206	12628384.	7808772		12011078.	51198789.
	Gross income from interest,	7210200		, , , , , , , , , , , , , , , , , , , ,			32230,031
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	45,345.	38,997.	47,170.	65 540	130 614	327,666.
٥	Net income from unrelated business	13,313.	30,331.	47,1700	03,340.	130,014.	327,000.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						51526455.
	<b>Total support.</b> Add lines 7 through 10					12	DI320433.
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	•			•		
80	organization, check this box and stopetion C. Computation of Publi						
	•			- l (f))		44	74.78 %
	Public support percentage for 2023 (I					14	
	Public support percentage from 2022					15	,-
162	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
ľ	33 1/3% support test - 2022. If the c	•		•		•	
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact			=	· ·	VI how the organi	zation
	meets the facts-and-circumstances te	-	•		-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		S

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3с		
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	4a		
ŀ	4b		
	4c		
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	9b		
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	10a		
ŀ	iva		
	10b		
ule	A (Forn	n 990)	2023

Par	t IV	Supporting Organizations (continued)			<u></u>
		1. Commission		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	•	elow, the governing body of a supported organization?	11a		
h		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
·		in Part VI.	11c		
Sec		B. Type I Supporting Organizations	110		
				Yes	No
1	Did th	a governing hady, members of the governing hady, officers acting in their official canacity, or membership of one or		163	NO
•		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
C		vised, or controlled the supporting organization.	2		
Sec	lion C	C. Type II Supporting Organizations			
		ſ		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
C	the su	pported organization(s).	1		
sec	lion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	If the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*3b

3chedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).	- <del>-</del>		·

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

### SCHEDULE C (Form 990)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of	organization			E	mployer identification number
		ICH'S ATAXIA RES			52-2122720
Part I-	A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2 Poli	vide a description of the organiz tical campaign activity expendit inteer hours for political campai	ures			
Part I-	B Complete if the org	anization is exempt und	ler section 501(c)(	3).	
2 Ente 3 If th 4a Was b If "Y	er the amount of any excise tax er the amount of any excise tax e organization incurred a section is a correction made?	incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 ofor this year?		Yes No
Part I-		anization is exempt und		-	
	er the amount directly expended		<u>=</u> '		. \$
	er the amount of the filing organ				•
	mpt function activities				\$
	17b				\$
	the filing organization file Form				Yes No
5 Ente mad con	er the names, addresses, and er de payments. For each organizat tributions received that were pro- tical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 poid id from the filing organiz a separate political orga	olitical organizations to v zation's funds. Also ente anization, such as a sep	which the filing organization or the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Sche	edule C (F			S ATAXIA RES			122720 Page 2
Pa	rt II-A	Complete if the org section 501(h)).	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
<u> </u>	Check		tion bolongs to an affil	iated group (and list in	Part IV each affiliated	group mombor's name	addross EIN
• (	CHECK		re of excess lobbying e	- · ·	Part IV each anniated	group member's name	e, address, Eliv,
	Chaola		• •		viciono anniv		
<u> </u>	Check	ii trie illing organiza	ILION CHECKED DOX A ar	nd "limited control" pro	visions apply.	(a) Filing	(h) Affiliated areus
			ts on Lobbying Exper			organization's	(b) Affiliated group totals
		(The term "expend	ditures" means amou	nts paid or incurred.)		totals	
1a	Total lob	bying expenditures to influ	uence public opinion (g	grassroots lobbying)		3,700.	
b	Total lob	bying expenditures to influ	uence a legislative bod	y (direct lobbying)		16,700.	
С	Total lob	bying expenditures (add li	nes 1a and 1b)			20,400.	
d	Other ex	empt purpose expenditure	es			12,126,385.	
е	Total ex	empt purpose expenditure	s (add lines 1c and 1d	)		12,146,785.	
f	Lobbyin	g nontaxable amount. Ente	er the amount from the	following table in both		757,339.	
	If the am	ount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable amo	ount is:		
	not over	\$500,000,	20% of t	the amount on line 1e.			
	over \$50	0,000 but not over \$1,000	),000, \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	over \$1,	000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,	500,000 but not over \$17,0	000,000, \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17	,000,000,	\$1,000,0	000.			
g	Grassro	ots nontaxable amount (en	iter 25% of line 1f)			189,335.	
h	Subtract	: line 1g from line 1a. If zer	o or less, enter -0			0.	
i	Subtract	line 1f from line 1c. If zero	o or less, enter -0-			0.	
j	If there i	s an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting	section 4911 tax for this	year?				Yes No
				eraging Period Under	` '		
		(Some organizations the		• •	•	of the five columns be	low.
			<u> </u>	ate instructions for lin			
			Lobbying Exper	nditures During 4-Yea	r Averaging Period	Γ	Г
		alendar year	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
	(or fisca	l year beginning in)	(-,	(-,	(5) ====	(-,	(5)
			E64 107	620 967	742 201	757 220	2 602 514
		g nontaxable amount	564,107.	629,867.	742,201.	151,339.	2,693,514.
b	Lobbyin	g ceiling amount					

e Grassroots ceiling amount (150% of line 2d, column (e)) 1,010,069.

f Grassroots lobbying expenditures 5,966. 3,570. 3,567. 3,700. 16,803.

19,687.

157,467.

20,584.

185,550.

9,997.

141,027.

Schedule C (Form 990) 2023

20,400.

189,335.

4,040,271.

70,668.

673,379.

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 5 Section 161(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 2 Did the organization agree to carry over to the reasonable estimate of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditures next year? 4 Total Supplemental Information 5 Taxable amount of lobbying and political expenditures. See instructions 5 Supplemental Information	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred by organization managers under section 4912  of if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in house lobbying expenditures of \$2,000 or less?  2 Did the organization make only in house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in house lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  2 Does a section 1501(c)(6), or section 501(c)(6), or	the lobbying activity.	Yes	No	Amo	ount
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historic	cally important land area
	Protection of natural habitat	Preservation of	of a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conse	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	<del>-</del>			2b
	Number of conservation easements on a certified historic struc			2c
	Number of conservation easements included on line 2c acquire		·····	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
	year	,g,,	9	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		<b>-</b> :	
	violations, and enforcement of the conservation easements it h	·		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	<b>3</b> / 1 <b>3</b> /	, ,		9 ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easer	ments during the year
	,	, ,		0 ,
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(	h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	-		
	organization's accounting for conservation easements.	3		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
	If the organization elected, as permitted under FASB ASC 958.	. not to report in its revenue statement	and balanc	ce sheet works
	of art, historical treasures, or other similar assets held for publi	•		
	service, provide in Part XIII the text of the footnote to its finance	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under FASB ASC 958.			neet works of
-	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items.	sandrion, saasation, or rescarer in rais		pasie service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas			
2	,	,	aı yaırı, pro	WIGG
	the following amounts required to be reported under FASB AS	U JUU ITIALIINY LU LINESE ILEMIS.		
_	Povonuo included on Form 900, Port VIII, line 1	· ·		¢
	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			

## Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must ed		Oc. column (R))		0

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" of		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part V line 15	
	escription	Tru. Gee Form 550, Fart X, line 15.	(b) Book value
(1)	occupation .		(a) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES, CURRENT			68,826
(3) LONG-TERM LEASE LIABILITIE	S		43,221
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

THE INTERNAL REVENUE SERVICE HAS CLASSIFIED FARA AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. EUROPE WAS FORMED AS A NON-PROFIT ENTITY UNDER THE LAWS OF THE NETHERLANDS AND IS EXEMPT FROM INCOME TAXES.

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

### SCHEDULE F (Form 990)

Department of the Treasury

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 

#### FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region GRANTS TO RECIPIENTS RESEARCH AND GRANT EUROPE 0 LOCATED IN REGION PROGRAM 1,347,010. EAST ASIA AND THE GRANTS TO RECIPIENTS RESEARCH AND GRANT PACIFIC 0 0 LOCATED IN REGION PROGRAM 438,345. GRANTS TO RECIPIENTS RESEARCH AND GRANT 0 0 LOCATED IN REGION SOUTH AMERICA PROGRAM 108,500. GRANTS TO RECIPIENTS RESEARCH AND GRANT PROGRAM LOCATED IN REGION CANADA 0 Λ 358,425. 0 2,252,280. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ......

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

2,252,280.

and 3b)

c Totals (add lines 3a

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	MEDICAL RESEARCH	69,667.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	71,370.	WIDE	0.		
		EURUFE	MEDICAL RESEARCH	71,370.	MIKE	0.		+
		EAST ASIA AND THE						
		PACIFIC	MEDICAL RESEARCH	178,059.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	60,000.	WIRE	0.		
		EAST ASIA AND THE		440 =40				
		PACIFIC	MEDICAL RESEARCH	119,719.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	MEDICAL RESEARCH	5,600.	WIRE	0.		
		L		0.5 504	L			
		EUROPE NORTH AMERICA -	MEDICAL RESEARCH	86,621.	WIRE	0.		
		CANADA, MEXICO						
		(NOT UNITED						
			MEDICAL RESEARCH	7,700.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_\_\_

<u> 18</u>

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Part II Continuation o	f Grants and Other	Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)						r ago <u>z</u>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MEDICAL RESEARCH	279,400.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	186,027.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	85,000.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	141,981.	WIRE	0.		
		EUROPE	MEDICAL RESEARCH	111,611.	WIRE	0.		
		EAST ASIA AND THE						
			MEDICAL RESEARCH	65,300.	WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL,						
			MEDICAL RESEARCH	73,500.	WIRE	0.		
		SOUTH AMERICA -						
		ARGENTINA, BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA, NORTH AMERICA -	MEDICAL RESEARCH	35,000.	WIRE	0.		
		CANADA, MEXICO						
		(NOT UNITED						
			MEDICAL RESEARCH	350,725.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE	MEDICAL RESEARCH	325,000.	WIRE	0.			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.								
Part III can be duplicated  (a) Type of grant or assistance	if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 52-2122720 FRIEDREICH'S ATAXIA RESEARCH ALLIANCE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	ss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			FARA ENERGY	RIDEATAXIA		` '				
				PHILA	16	(add col. (a) through				
			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
ne			(1 71 7	(1)	(					
Revenue	4	Cross resoints	1,904,209.	551,805.	1,783,701.	4,239,715.				
Re	٠	Gross receipts	1,501,205	331,003.	1,705,701.	4,233,1134				
	_	Less: Contributions	1,700,053.	535,210.	1,582,989.	3,818,252.				
	2	Less: Contributions	1,700,033.	333,210.	1,302,303.	3,010,232.				
	2	Green income (line 1 minus line 2)	204,156.	16,595.	200,712.	421,463.				
	<u> </u>	Gross income (line 1 minus line 2)	201,130.	10,333.	200,712.	421,403.				
	4	Cash prizes								
	4	Cash prizes								
	_	Noncash prizes								
S	5	Noncasti prizes								
Jse	_	Dont/facility acet	142,769.	20,649.	83,274.	246,692.				
(be	О	Rent/facility costs	142,709.	20,049.	05,274.	240,032.				
Direct Expenses	_	Food and bases are								
rec	′	Food and beverages								
	_	Entertainment	10,500.		7 5/5	10 045				
		Entertainment	451,853.	91,877.	7,545. 456,662.	18,045.				
		Other direct expenses	•		•	1,265,129.				
		Direct expense summary. Add lines 4 through				-843,666.				
Dа	11 Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1 990, Fait IV, line 19, of 1	eported more triair					
		ψ10,000 0111 01111 000 E2, IIIIc 0a.		(b) Pull tabs/instant		(d) Total gaming (add				
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue				gpgg.		(2)				
Re	4	Cross revenue								
		Gross revenue								
	2	Cash prizes								
ses	_	Od311 p11203								
Direct Expenses	2	Noncash prizes								
Exp	3	Nondain prizes								
ect	1	Rent/facility costs								
Öİ	-	Tienthaeinty costs								
	5	Other direct expenses								
		Carlor direct experiess	Yes %	Yes %	Yes %					
	6	Volunteer labor	No	No	No					
	Ü	Volunteer labor			140					
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	•	bliect expense summary. Add lines 2 through	3 iii coluitiii (u)							
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)							
		Net garning income summary. Subtract line r	mont line 1, column (a)							
9	Fn	ter the state(s) in which the organization condu-	cts gaming activities.							
	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?									
	Yes No									
IJ	"	No," explain:				_				
	_									
10a	We	ere any of the organization's gaming licenses re	voked suspended orte	rminated during the tax w	rear?	Yes No				
				a.c. a.a.iiig allo tax y						
		Yes." explain:								
		Yes," explain:								

Schedule G (Form 990) 2023

332082 09-13-23

Sch	ledule G (Form 990) 2023 FRIEDREICH S ATAXIA RESEARCH ALLIANCE 52-	2122720	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	20
	a The organization's facility	i	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name FELICIA DEROSA		
	Address 533 W. UWCHLAN AVENUE - DOWNINGTOWN, PA 19335		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ Elf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	□ No
	retain the state gaming license?	L res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	FRIEDREICH'S	ATAXIA	RESEARCH	ALLIANCE	52-2122720	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)					
		(continued)					
-							
-							
î-							
-							
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		<u> </u>			· · ·	<u> </u>	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization							Employer identification n	
	H'S ATAXI.	A RESEARCH	ALLIANCE				52-2122	720
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t								
criteria used to award the grants or assis	tance?						X Yes	No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$	55,000. Part II can	be duplicated if additi	onal space is need	ed.	(O) Madle and a f	T		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	ıt
CHILDREN'S HOSPITAL OF								
PHILADELPHIA - 34TH ST & CIVIC								
CENTER BLVD - PHILADELPHIA, PA								
19104	23-1352166	501(C)(3)	1,117,453.	0.			MEDICAL RESEARCH	
CHILDREN'S HOSPITAL OF								
PHILADELPHIA FOUNDATION - 34TH ST								
& CIVIC CENTER BLVD -								
PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	500,000.	0.			MEDICAL RESEARCH	
THE REGENTS OF THE UNIVERSITY OF								
CALIFORNIA, LOS ANGELES - 10920								
WILSHIRE BLVD, 5TH FLOOR - LOS								
ANGELES, CA 90024	95-6006143	501(C)(3)	22,000.	0.			MEDICAL RESEARCH	
UNIVERSITY OF FLORIDA								
DEPT OF NEUROLOGY, L3-100 MCKNIGHT								
BRAIN INSTITUTE, NEWELL DRIVE -								
GAINESVIL	59-6002052	501(C)(3)	554,216.	0.			MEDICAL RESEARCH	
UNIVERSITY OF IOWA, DEPT OF PEDIATRICS - 200 HAWKINS DRIVE -								
IOWA CITY, IA 52242	42-6004813	501(C)(3)	8,400.	0.			MEDICAL RESEARCH	
UNIVERSITY OF ROCHESTER 515 HYLAN BUILDING, RC BOX 270140								
ROCHESTER, NY 14627	16-0743209	501(C)(3)	235,144.	0.			MEDICAL RESEARCH	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table					24.
3 Enter total number of other organizations	listed in the line	1 table						0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON COLLEGE							
140 COMMONWEALTH AVE							
CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	38,000.	0.			MEDICAL RESEARCH
TRUSTREES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3451 WALNUT ST RM							
310 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	108,107.	0.			MEDICAL RESEARCH
UPLIFTING ATHLETES, INC.							
PO BOX 574, 8 ATKINSON DRIVE							
DOYLESTOWN, PA 18901	34-1986485	501(C)(3)	10,000.	0.			MEDICAL RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL							
UNIVERSITY - 1300 YORK AVENUE,							
C-118 - NEW YORK, NY 10065	13-1623978	501(C)(3)	250,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF OKLAHOMA HEALTH							
SCIENCES CENTER - FIVE PARTNERS							
PLACE, STE 3100, 201 STEPHENSON							
PKWY - NORMAN, OK 73019	73-1377584	501(C)(3)	116,733.	0.			MEDICAL RESEARCH
STANFORD UNIVERSITY							
2770 SAND HILL ROAD							
MENLO PARK, CA 94025	94-1156365	501(C)(3)	225,000.	0.			MEDICAL RESEARCH
THE BROAD INSTITUTE							
415 MAIN STREET							
CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	2,319,548.	0.			MEDICAL RESEARCH
BURKE NEUROLOGICAL INSTITUTE							
785 MAMARONECK AVENUE							
WHITE PLAINS, NY 10605	13-3434924	501(C)(3)	59,592.	0.			MEDICAL RESEARCH
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 262 DANNY THOMAS PLACE							
- MEMPHIS, TN 38105	62-0646012	501(C)(3)	62,708.	0.			MEDICAL RESEARCH

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, SAN DIEGO - 9500							
GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	125,000.	0.			MEDICAL RESEARCH
·							
THE REGENTS OF THE UNIVERSITY OF							
MINNESOTA - 200 SE OAK ST, #600 -							
MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	515,884.	0.			MEDICAL RESEARCH
INTERPRETARY OF GOVERN BLODEDS DOSED							
UNIVERSITY OF SOUTH FLORIDA BOARD							
OF TRUSTEES - 4202 EAST FOWLER AVE	E0 3103113	E01/G)/2)	10.000	_			MEDICAL DECEMBRIS
SVC 1039 - TAMPA, FL 10000	59-3102112	DUI(C)(3)	10,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF SOUTH FLORIDA							
FOUNDATION - 4202 EAST FOWLER AVE							
- TAMPA, FL 33620	59-0879015	501(C)(3)	105,009.	0.			MEDICAL RESEARCH
THE TRUSTEES OF COLUMBIA	33 0073013	501(0)(3)	103,003.	· ·			HIBICHI RIBBIRCH
UNIVERSITY IN THE CITY OF NEW YORK							
- 154 HAVEN AVENUE, SECOND FLOOR -							
NEW YORK, NY 10032	13-5598093	501(C)(3)	125,000.	0.			MEDICAL RESEARCH
NUM TORK, NT 10032	13 3330033	301(0)(3)	123,000.	· ·			HIDICAL RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY							
1200 EAST CALIFORNIA BLVD							
PASADENA, CA 91125	95-1643307	501(C)(3)	67,842.	0.			MEDICAL RESEARCH
,			,				
THE CURATORS OF THE UNIVERSITY OF							
MISSOURI - 118 UNIVERSITY HALL -							
COLUMBIA, MO 65211	43-6003859	501(C)(3)	19,150.	0.			MEDICAL RESEARCH
THE NATIONAL CANCER			, ,				
INSTITUTE(NIH/NIC) - BUILDING 31							
ROOM 22A-16, 9000 ROCKVILLE PIKE -							
BETHESDA, MD 20892	01-5208581	501(C)(3)	125,000.	0.			MEDICAL RESEARCH
•			,				
TRUSTEES OF THE INDIANA UNIVERSITY							
509 EAST 3RD ST							
BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	272,187.	0.			MEDICAL RESEARCH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PARA FELLOWS AWARDS	4	53,400.	0.		
		,			
Part IV Supplemental Information. Provide the information re	I quired in Part I, lin	e 2; Part III, column	L (b); and any other ac	l dditional information.	
PART I, LINE 2:					
GRANTS ARE REVIEWED BY INDEPENDENT	SCIENTIF	'IC ADVISOF	RS AND APPR	OVED BY	
BOARD. ONCE GRANTS ARE AWARDED THE	ORGANIZA	TION REOUI	RES REGULA	R RESEARCH	
AND FINANCIAL REPORTS FROM THE INS					

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Device the constant of the con			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		Х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 4a.c, list the persons and provide the applicable amounts for each item lift art lift.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BARBARA A TATE	(i)	250,000.	0.	0.	6,950.	849.	257,799.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER M FARMER	(i)	167,825.	0.	0.	4,950.	884.	173,659.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-212							
Pa	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	284,818.	HI-LOW DATE	OF	GII	FT
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( AUCTION ITEMS )	Х	213	552,454.	FAIR MARKET	VA:	LUE	
26	Other ( )			, .				
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82							
		,, -					Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of	-		· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period?			•		30a		Х
h	If "Yes," describe the arrangement in Part II.	•				000		
31	Does the organization have a gift acceptance p	oolicv that re	equires the review	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties	-	•	•	ions?	<u> </u>		
JZU	contributions?					32a		x
h	If "Yes," describe in Part II.					JEU		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked			
55	describe in Part II.	- C.G.T.T.T (0) 10	. a type of property	, i.e. willou coldinii (a) is offec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

# SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: RESEARCH AND GRANT PROGRAM FARA DEPLOYS FINANCIAL RESOURCES TO ACCELERATE RESEARCH FOR FRIEDREICH'S ATAXIA (FA). IN 2023, FARA AWARDED \$9 MILLION IN RESEARCH THIS INCLUDED 37 GRANT PROJECTS THROUGH FARA'S FUNDING. INVESTIGATOR-INITIATED GRANT PROGRAM, INSTITUTIONAL BASED RESEARCH, AND FARA DIRECTED PROJECTS. IT ALSO INCLUDED FUNDING A PATIENT REGISTRY AND LONGITUDINAL NATURAL HISTORY THROUGH THE FA GLOBAL CLINICAL CONSORTIUM WHICH IS DESCRIBED IN THE SECOND PROGRAM SECTION BELOW. FARA GRANT PROGRAM FARA'S INVESTIGATOR-INITIATED GRANT PROGRAM AWARDED TWENTY-TWO NEW GRANTS AND APPROVED CONTINUED FUNDING FOR FIFTEEN GRANTS. RESEARCHERS IN TEN COUNTRIES ARE RECEIVING RESEARCH FUNDING FROM FARA. THE PROGRAM A COMPETITIVE FUNDING MECHANISM THAT SUPPORTS RESEARCH TO FURTHER THE UNDERSTANDING OF FA AND PROMOTE THERAPEUTIC DISCOVERY AND DEVELOPMENT. FARA PRIORITIZES FUNDING PROJECTS THAT FILL GAPS IN KNOWLEDGE OF DISEASE MECHANISMS, SUPPORT EARLY DEVELOPMENT OF THERAPEUTIC INTERVENTIONS, ESTABLISH AND ADVANCE THE DEVELOPMENT OF TOOLS FOR DRUG DEVELOPERS AND ACADEMIC RESEARCHERS, AND FOCUS ON CLINICAL RESEARCH AND TRIALS. SEVERAL OF THESE GRANTS WERE CO-FUNDED WITH FARA'S FA ADVOCACY GROUP PARTNERS; THIS COLLABORATIVE APPROACH BOTH INCREASES THE NUMBER OF AVAILABLE RESEARCH DOLLARS AND HELPS TO MINIMIZE DUPLICATION OF EFFORT. WITH FARA'S GOAL IN MIND OF INSPIRING AND SUPPORTING JUNIOR INVESTIGATORS AND BUILD THE NEXT GENERATIONS OF FA SCIENTISTS, IN 2023 FARA ESTABLISHED TWO NEW PROGRAMS: THE FARA GRADUATE RESEARCH For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

FELLOWSHIP TO SUPPORT YOUNG RESEARCHER ENGAGED IN GRADUATE STUDY

LEADING TO A PH.D. DEGREE AND THE FARA FELLOW PROGRAM THAT PROVIDES

MENTORSHIP, TRAINING AND NETWORKING OPPORTUNITIES TO TALENTED YOUNG

SCIENTISTS. THE FARA FELLOWS PROGRAM WAS INITIATED WITH SUPPORT FOR

FOUR FELLOWS FROM STANFORD UNIVERSITY, COLUMBIA UNIVERSITY, CALTECH,

AND UT SOUTHWESTERN.

FARA HAS ALSO IDENTIFIED OPPORTUNITIES TO FUND RESEARCH AT INSTITUTIONS WHERE THERE ARE MULTIPLE INVESTIGATORS WITH AN EXPERTISE AND COMMITMENT TO FA RESEARCH AND/OR OPPORTUNITY TO LEVERAGE TECHNOLOGIES, INNOVATION OR NEW GROWTH TO THE FA COMMUNITY. BY ESTABLISHING THESE INSTITUTIONAL FUNDING PROGRAMS, FARA IS ABLE TO PROMOTE COLLABORATION AND SYNERGY ACROSS BASIC, TRANSLATIONAL AND CLINICAL RESEARCH, PROVIDE A LONGER-TERM COMMITMENT FOR RESEARCH, ATTRACT NEW INVESTIGATORS, AND LEVERAGE THE INSTITUTIONS RESOURCES AND ENGAGEMENT. FARA PROVIDES INSTITUTIONAL BASED RESEARCH SUPPORT FOR THE FA CENTER OF EXCELLENCE AT PENN MEDICINE/CHILDREN'S HOSPITAL OF PHILADELPHIA AND THE FA ACCELERATOR PROGRAM AT THE BROAD INSTITUTE. FRIEDREICH'S ATAXIA CENTER OF EXCELLENCE, PHILADELPHIA, PA THE FA CENTER OF EXCELLENCE (COE) IS A TRANSLATIONAL RESEARCH AND CLINICAL CARE CENTER DEVOTED TO FRIEDREICH ATAXIA: EXPEDITING BASIC SCIENCE AND DRUG DISCOVERY FINDINGS TO NEW TREATMENTS AND DEDICATING RESOURCES TO CLINICAL RESEARCH AND CARE TO FURTHER UNDERSTAND THE DISEASE, INFORM DRUG DEVELOPMENT AND IMPROVE OUTCOMES FOR INDIVIDUALS LIVING WITH FA. THE CENTER WAS ESTABLISHED IN MARCH 2014, WITH A COMMITMENT TO PENN MEDICINE/ CHILDREN'S HOSPITAL OF PHILADELPHIA, PRESENTED BY FARA IN PARTNERSHIP WITH THE HAMILTON AND FINNERAN FAMILIES/ CUREFA FOUNDATION.

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2023.04010 FRIEDREICH'S ATAXIA RESEA 10329221

Name of the organization
FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

PROJECTS AND INVESTIGATORS WITH CONTINUED FUNDING INCLUDED DR. ROB

WILSON- DRUG DISCOVERY, DR. DAVID LYNCH- TRANSLATIONAL AND CLINICAL

NEUROSCIENCE RESEARCH, DR. IAN BLAIR- BIOMARKER DISCOVERY, DR. KIM LIN
CARDIAC RESEARCH, DR. SHANA MCCORMACK- METABOLISM AND ENDOCRINOLOGY,

AND DR. CLEMINTINA MASAROS- LIPID AND METABOLIC PROFILING. THE COE

ESTABLISHED RESEARCH INFRASTRUCTURE CONSISTING OF FOUR CORE AREAS
NEUROLOGY, CARDIAC, BIOMARKER AND DRUG DISCOVERY. THE CENTER NOT ONLY

SUPPORTS WORK WITHIN THESE DISCIPLINES, BUT ALSO FOSTERS EFFICIENT

COLLABORATION AND SYNERGY ACROSS THEM.

OVER THE PAST YEAR, THIS SYNERGY HAS RESULTED IN MEANINGFUL STRIDES

FORWARD IN FA RESEARCH. FOR EXAMPLE, THE BASIC RESEARCH PROGRAMS HAVE

PROVIDED INSIGHTS INTO CHANGES IN THE CEREBELLUM THAT SUGGEST A NOVEL

THERAPEUTIC TARGET, A SPECIFIC TYPE OF GLUTAMATE RECEPTOR. WORK IN

MODEL SYSTEMS HAS ALSO SUGGESTED THAT THE IMMUNE SYSTEM MAY PLAY A ROLE

IN FA, PROVIDING AN ADDITIONAL AVENUE FOR THERAPEUTIC INTERVENTION. THE

LABS AT CHOP HAVE DEVELOPED SENSITIVE AND SPECIFIC ASSAYS FOR FORMS OF

FRATAXIN, AS WELL AS ASSAYS FOR METABOLITES THAT ARE ALTERED IN FA.

THESE BIOMARKER ASSAYS ARE CRITICAL TO THERAPEUTIC DEVELOPMENT.

FINALLY, THE CLINICIANS AT CHOP HAVE MADE MAJOR CONTRIBUTIONS TO THE

CLINICAL CARE GUIDELINES FOR THE TREATMENT AND MANAGEMENT OF FA AND

HAVE PARTICIPATED IN THE TESTING OF THERAPEUTICS IN CLINICAL TRIALS.

\$7M IN EXTERNALLY-FUNDED GRANTS FROM THE DEPARTMENT OF DEFENSE'S

CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP). THIS IS A

GREAT EXAMPLE OF HOW THE FOUNDATIONAL WORK SUPPORTED BY FARA ATTRACTS

Name of the organization FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

SIGNIFICANT ADDITIONAL FUNDING TO CONTINUE TO ADVANCE THESE IMPORTANT

FA PROGRAMS.

FRIEDREICH'S ATAXIA ACCELERATOR AT THE BROAD INSTITUTE OF MIT AND

HARVARD

THE FRIEDREICH'S ATAXIA ACCELERATOR (FAA) AT THE BROAD INSTITUTE OF MIT

AND HARVARD WAS ESTABLISHED IN AUGUST 2020. FUNDED BY FARA, IN

COLLABORATION WITH THE CUREFA FOUNDATION AND ENDFA, THE FAA IS A

COLLABORATIVE, MULTI-DISCIPLINARY EFFORT AIMED AT GALVANIZING RESEARCH

INTO FA AND SEEDING A GROWING COMMUNITY ACROSS BROAD, MIT, HARVARD AND

AFFILIATED INSTITUTIONS COMMITTED TO TACKLING FA. IT IS LED BY VAMSI

MOOTHA, MD, THE FAA INVESTIGATORS INCLUDE GARY RUVKIN, PHD, DAVID LIU,

PHD, CHRISTINE SEIDMAN, MD, JONATHAN SEIDMAN, PHD, ANOOPUM GUPTA, MD

AND ANTHONY PHILIPPAKIS, MD.

THE WORK AT THE FAA HAS YIELDED INSIGHTS IN KEY RESEARCH AREAS FOR FA

IN 2023. THE MOOTHA LAB HAS ADVANCED AN UNDERSTANDING OF THE

INTERACTION OF FRATAXIN FUNCTION AND ENVIRONMENTAL STRESSORS, WHILE THE

RUVKUN LAB HAS GENERATED PRELIMINARY DATA ON POTENTIAL MECHANISMS TO

BYPASS FRATAXIN LOSS. THE LIU LAB, EXPERTS IN GENE EDITING APPROACHES,

ARE OPTIMIZING THIS TECHNIQUE FOR REACTIVATING FRATAXIN EXPRESSION.

FINALLY, THE SEIDMANS HAVE BROUGHT DEEP EXPERIENCE AND KNOWLEDGE OF

CARDIOMYOPATHY AND HOW FA IS SIMILAR TO OTHER DISEASES AFFECTING THE

HEART POTENTIALLY PROVIDING THE BASIS FOR THE USE OF EXISTING HEART

MEDICATIONS FOR FA.

FARA DIRECTED RESEARCH

IN 2023, FARA FUNDED DIRECTED RESEARCH PROGRAMS INCLUDING: 1.

MAINTAINING A REPOSITORY OF FA CELL LINES FOR RESEARCH

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 HTTPS://LABS.UTSOUTHWESTERN.EDU/NAPIERALA-LAB 2. TRACK-FA, A GLOBAL NEUROIMAGING CONSORTIUM ESTABLISHED IN 2020, A NATURAL HISTORY STUDY DESIGNED TO TRACK THE CHANGES IN THE BRAIN AND THE SPINAL CORD IN FA. PARTICIPATING CLINICAL SITES IN USA, BRAZIL, CANADA, GERMANY, AND AUSTRALIA COMPLETED ENROLLMENT IN 2023. THE STUDY ENROLLED 182 INDIVIDUALS WITH FA AND 97 MATCHED CONTROLS AND CONDUCTED NEUROIMAGING OF THE BRAIN AND SPINAL, ALONG WITH CLINICAL OUTCOMES AND BLOOD BIOMARKERS. DATA COLLECTION COMPLETION FOR THE STUDY IS ANTICIPATED BEFORE THE END OF 2025. 3. FOSTERING A COLLABORATIVE EFFORT BETWEEN RESEARCHERS AT UNIVERSITY OF OKLAHOMA, UNIVERSITY OF TEXAS SOUTHWESTERN, AND UNIVERSITY OF PENNSYLVANIA TO STUDY THE PRECISE MECHANISM OF THIS GENE SILENCING IN DIFFERENT TISSUES AND MODELS OVER TIME. 4. DEVELOPMENT AND VALIDATION OF A POTENCY ASSAY FOR USE IN THE DEVELOPMENT OF GENE AND PROTEIN REPLACEMENT THERAPIES. 5. THE AUSTRALIAN GENE AND CELL THERAPY CONSORTIUM 6. LEADING WORK TO CREATE A NEW DISEASE MODEL FOR PRE-CLINICAL RESEARCH, AN FA RAT MODEL. 7. IDENTIFYING AND FUNDING RESEARCH TO UNDERSTAND THE THERAPEUTIC WINDOW (MINIMAL AMOUNT OF FRATAXIN NEEDED FOR A THERAPEUTIC BENEFIT AND THRESHOLD FOR MAXIMUM AMOUNTS OR TOXIC AMOUNTS OF FRATAXIN IN THE CELL. 8. ONGOING MAINTENANCE OF CLINICAL MANAGEMENT GUIDELINES IN FA FOR REFERENCE USE BY PHYSICIANS AND PATIENTS (PUBLISHED IN 2022): FRDAGUIDELINES.ORG 9. RETROSPECTIVE CARDIAC NATURAL HISTORY STUDY-THIS PROJECT WILL RE-ANALYZE EXISTING ECHOCARDIOGRAMS TO QUICKLY ASSESS THE VALUE OF THESE DATA IN UNDERSTANDING AND PREDICTING THE PROGRESSION OF HEART DISEASE IN FA. OF NOTE, FA SHARES SIMILAR SYMPTOMS AND DISEASE MECHANISMS WITH OTHER DISEASES, BOTH RARE AND COMMON. RESEARCH INTO FA CAN PROVIDE INSIGHTS AND ADVANCES IN OTHER DISEASES SUCH AS MITOCHONDRIAL DISEASES, MUSCULAR Schedule O (Form 990) 2023

Name of the organization FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720

DYSTROPHIES, DIABETES, AND CARDIOMYOPATHY.

A COMPLETE LIST OF 2023 FARA FUNDED GRANTS AND PUBLICATIONS CAN BE

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEING DEVELOPED. FARA PARTNERS WITH INTERNATIONAL PATIENT ADVOCACY ORGANIZATIONS THROUGH A GOVERNANCE BOARD TO ENSURE MULTI-STAKEHOLDER ENGAGEMENT AND OVERSIGHT OF THE FAGPR. MORE THAN 1000 INDIVIDUALS WITH FA ARE ENROLLED AND FAGPR WAS USED TO RECRUIT FOR SEVERAL CLINICAL TRIALS AND MANY CLINICAL RESEARCH STUDIES. TO LEARN MORE, VISIT CUREFA.NET/REGISTRY. FA GLOBAL CLINICAL CONSORTIUM: FARA AND THE FA COMMUNITY'S DEDICATION TO COLLECTING NATURAL HISTORY STUDY DATA OVER THE PAST TWO DECADES PROVED INSTRUMENTAL IN THE APPROVAL OF THE FIRST-EVER TREATMENT FOR FA. THROUGH THE FA GLOBAL CLINICAL CONSORTIUM (FA GCC), FARA HAS REDOUBLED ITS INVESTMENT IN NATURAL HISTORY DATA BY ENABLING THE TRANSITION TO AN INDUSTRY-LEADING DATA COLLECTION PLATFORM AND A UNIFIED GLOBAL NATURAL HISTORY PROTOCOL (UNIFAI) RESULTING FROM THE HARMONIZATION OF TWO WELL-ESTABLISHED NATURAL HISTORY STUDIES, THE FA CLINICAL OUTCOME MEASURES STUDY (FA-COMS) AND THE EUROPEAN FRIEDREICH'S ATAXIA

THE FA GCC AND THE UNIFAL STUDY HAVE BEEN EXPANDED TO MAKE PATIENT

CONTRIBUTIONS TO NATURAL HISTORY EVEN MORE POWERFUL IN UNDERSTANDING

FA, EVALUATING THE IMPACT OF TREATMENT OPTIONS FOR FA, ACCELERATING THE

DEVELOPMENT OF NEW THERAPIES AND IMPROVING OUTCOMES FOR THOSE LIVING

WITH FA. AT EACH UNIFAL STUDY VISIT THERE ARE MORE THAN 1400 DATA

CONSORTIUM FOR TRANSLATIONAL STUDIES (EFACTS).

FOUND AT: CUREFA.ORG

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

ELEMENTS RECORDED.

IN 2023, THE FA GCC HAD ACTIVE PARTICIPATION FROM 54 INVESTIGATORS FROM

33 SITES REPRESENTING 18 COUNTRIES ALONG WITH REPRESENTATIVES FROM

PATIENT ADVOCACY AND RESEARCH ORGANIZATIONS.

FA GCC RESEARCH ACTIVITIES: THE FA GCC LEADERSHIP IDENTIFIED INITIAL

SCIENTIFIC PRIORITIES AND CREATED WORKGROUPS TO ADDRESS THESE

PRIORITIES. THE FOLLOWING WORK GROUPS, EACH MADE UP OF 5-10 CONSORTIUM

MEMBERS, MET REGULARLY TO ADDRESS GAPS IN CURRENT FA RESEARCH: CARDIAC

NATURAL HISTORY, LATE-STAGE SYMPTOMS, PEDIATRIC / PRESYMPTOMATIC,

BIO-SAMPLES, MOOD AND COGNITION, AND PATIENT ADVOCACY/ADVISORY TEAM.

IMPACT AND FUTURE DIRECTION: THE CONSORTIUM HAS A LONG-TERM OBJECTIVE

OF FOSTERING MULTILATERAL RESEARCH AND COLLABORATION ACROSS CONTINENTS,

UNIFYING GLOBAL OPINIONS TO REGULATORS AND INDUSTRY PARTNERS,

ACCELERATING THE DEVELOPMENT OF NEW THERAPIES, AND IMPROVING OUTCOMES

FOR THOSE LIVING WITH FA.

ADDITIONAL INFORMATION ABOUT FARA'S PROGRAMS IN 2023 CAN BE ACCESSED

VIA THE ANNUAL REPORT AT: CUREFA.ORG

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM (CDMRP) AT THE DEPARTMENT OF DEFENSE IN FISCAL YEAR (FY) 23,

RESULTING IN SEVEN FA RESEARCHERS BEING RECOMMENDED FOR FUNDING

TOTALING OVER \$10 MILLION. FARA AND NAF WERE ALSO SUCCESSFUL IN

GETTING A RESOLUTION PASSED DECLARING SEPTEMBER 25, 2023 NATIONAL

ATAXIA AWARENESS DAY (S.RES 807) AND HOSTING THE FIFTH UNITED AGAINST

61

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

**Employer identification number** Name of the organization FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

52-2122720

ATAXIA HILL DAY- WITH 86 CONGRESSIONAL MEETINGS FEATURING THE PARTICIPATION OF 64 FARA AND NAF ADVOCATES FROM 33 STATES.

ELEVATING THE FA VOICE: INDIVIDUALS AND FAMILIES LIVING WITH FA PROVIDE EXPERT INSIGHTS NECESSARY TO ADVANCE MEANINGFUL AND ACCESSIBLE TREATMENTS. THIS PAST YEAR, MEMBERS OF THE FA COMMUNITY ADVOCATED FOR FAIR COVERAGE OF SKYCLARYS AT 5 STATE MEDICAID MEETINGS. INDIVIDUALS WITH FA AND CAREGIVERS ALSO PROVIDED GUIDANCE FOR THE DESIGN OF A PATIENT PREFERENCE STUDY, WHICH WILL INVESTIGATE THE FA COMMUNITY'S ATTITUDES TOWARDS THE RISKS AND BENEFITS OF GENE THERAPY.

ENGAGING WITH STAKEHOLDERS: THROUGH THE SHARING OF LIVED EXPERIENCES, MEMBERS OF THE FA COMMUNITY RAISED AWARENESS OF FA AND PROVIDED FEEDBACK TO DIFFERENT STAKEHOLDERS INCLUDING RESEARCHERS, PHARMACEUTICAL PARTNERS, AND GENETIC COUNSELING STUDENTS, AT 17 DIFFERENT EVENTS. SEVERAL PHARMACEUTICAL PARTNERS WORKING ON FA TREATMENTS COMMUNICATED DIRECTLY WITH THE FA COMMUNITY AT WEBINARS AND RESEARCH RECEPTIONS THROUGHOUT THE YEAR.

CULTIVATING COMMUNITY: IN 2023 FARA STROVE TO SUPPORT THE FA COMMUNITY BY PROVIDING AVENUES FOR CONNECTION AND COLLABORATION. THE FARA AMBASSADOR PROGRAM, A GROUP OF ADULTS WITH FA WHO VOLUNTEER TO SUPPORT FARA'S MISSION, GREW TO 82 MEMBERS FROM COUNTRIES AROUND THE WORLD. AMBASSADORS NOW REPRESENT 12 COUNTRIES GLOBALLY. PLUS 32 STATES THROUGHOUT THE US.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WORKSHOPS, SYMPOSIA, & CONFERENCES

Name of the organization FRIEDREICH'S ATAXIA RESEARCH ALLIANCE

Employer identification number 52-2122720

EDUCATION: FARA HOSTED 5 RESEARCH RECEPTIONS AND SYMPOSIUMS TO SHARE

INFORMATION ABOUT THE FA RESEARCH PIPELINE, CURRENT CLINICAL TRIALS,

CLINICAL MANAGEMENT OF FA, MENTAL WELLNESS, AND MORE. OVER 500

COMMUNITY MEMBERS ATTENDED THESE EVENTS TO LEARN AND CONNECT WITH EACH

OTHER. VIRTUAL EDUCATION SESSIONS, INCLUDING FLASH TALKS, WEBINARS, AND

2 MINUTE MECHANISM VIDEOS, WERE ALSO SHARED THROUGHOUT THE YEAR.

EXPENSES \$ 296,502. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF 990 ARE DISTRIBUTED TO BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW AND EXISTING BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW AND SIGN

A CONFLICT OF INTEREST POLICY AND REPORT DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

EVALUATION AND COMPENSATION COMMITTEE PERFORMS EMPLOYEE EVALUATIONS AND

DETERMINES SALARY INCREASES ON A YEARLY BASIS FOR ALL EMPLOYEES. COMMITTEE

EXAMINES BENCHMARK DATA IN DETERMINING SALARIES FOR PRESIDENT, CEO, CSO AND

DIRECTOR FINANCE ADMINISTRATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,ME,MD,MS,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,MA

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization **Employer identification number** FRIEDREICH'S ATAXIA RESEARCH ALLIANCE 52-2122720 FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS GUIDESTAR.ORG AND CHARITYNAVIGATOR.ORG FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 1023 ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PRIOR YEAR GRANT REFUNDS INCLUDED IN SUPPORT ON FINANCIAL STATEMENTS 82,702. FORM 990, PART XII, LINE 2C FARA'S AUDIT COMMITTEE CONSISTS OF THE FINANCE COMMITTEE, CEO AND ONE AT-LARGE BOARD MEMBER. EACH YEAR THE AUDIT COMMITTEE SEEKS THE SERVICES OF AN OUTSIDE ACCOUNTING FIRM AND CONTRACTS FOR A FULL AUDIT, PREPARATION OF FINANCIAL STATEMENTS AND FILING OF THE 990. THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING RECOMMENDATIONS FROM THE AUDIT AND PROPOSING NEW POLICIES AND PROCEDURES AS NECESSARY. THE AUDIT COMMITTEE ALSO PARTICIPATES IN DETAILED REVIEW OF FINANCIAL STATEMENTS AND 990 PRIOR TO SHARING WITH THE FULL BOARD FOR A VOTE. ALL 990 INFORMATION IS VERIFIED FOR ACCURACY AND COMPLETENESS BY FARA'S DIRECTOR OF FINANCE, FARA'S VP OF FUNDRAISING AND COMMUNICATIONS AND FARA'S CEO. THE VERIFIED DRAFT IS REVIEWED BY THE FARA FINANCE COMMITTEE AND SUBMITTED TO THE FULL FARA BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

FRIEDREICH'S A	ATAXIA RESEARCH AL	LIANCE				52-21227	720	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	(d) (e) Total income End-of-year		Direct o	(f) Direct controlling entity	
	1							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	ı, Part IV, line 34, t	pecause it had one	e or more	related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	(g) Section 512(b)(13) controlled entity?	
		is is ignited and in the second of the secon		501(c)(3))			Yes	No
STICHTING FRIEDREICH'S ATAXIA RESEARCH ALLIANCE EUROPE, JACHTHAVENWEG 111, 1081KM AMSTERDAM, NETHERLANDS	RESEARCH	NETHERLANDS				DREICH'S IA RESEARCH ANCE		x
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	of total Share of Dispressionate Code V		Code V-UBI	General o	Percentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

(4)

(5)

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a	Х	Х			
	Gift, grant, or capital contribution to related organization(s)									
	Gift, grant, or capital contribution from related organization(s)									
	Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)									
	Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
	l Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on wh									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1)										
(2)										
(3)										
\-										

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000