(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Туре о	r Name of exempt organization or other filer, see instru	uctions.		Taxpayer	identification	n number (TIN)	
print	National Ataxia Foundation	Incor	porated		41-0832903		
File by the due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	see instruct	tions.				
instruction		foreign add	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (fi	ile a separa	te application for each return)			01	
Applica	ation	Return	Application				
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) Andrew Rosen	07					
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>If this</li> <li>box</li> <li>If this</li> <li>box</li> <li>If this</li> <li>If this<th>request an automatic 6-month extension of time until he organization named above. The extension is for the org ► X calendar year 2022 or ► tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period</th><th>Group Exe and atta Nover ganization's , an check rease</th><th>emption Number (GEN), indicating a list with the names and TINs of mber 15, 2023 , to file mber 15, 2023 , to f</th><th>f this is fo all membe</th><th>r the whole g ers the exten npt organizati</th><th>roup, check this sion is for.</th></li></ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the org ► X calendar year 2022 or ► tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta Nover ganization's , an check rease	emption Number (GEN), indicating a list with the names and TINs of mber 15, 2023 , to file mber 15, 2023 , to f	f this is fo all membe	r the whole g ers the exten npt organizati	roup, check this sion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 606 stimated tax payments made. Include any prior year over			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your p sing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.	
Cautio instruct	<ul> <li>If you are going to make an electronic funds withdrawa ions.</li> </ul>	Il (direct del	bit) with this Form 8868, see Form 84	153-TE and			
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.		Form 8	868 (Rev. 1-2022)	

# Extended to November 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**Open to Public** Inspection

<u>A</u> F	or th	e 2022 calendar year, or tax year beginning and	ending		
B a	Check if Ipplicab	le: C Name of organization		D Employer identific	cation number
	Addre	📽 National Ataxia Foundation Incorporate	d		
	Name Chang	pe Doing business as		41-083290	03
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			763-553-0	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,595,772.
	Amen	MINNeapoirs, MN 55427		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: AIICLEW ROSEII		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	
<u> </u> ]	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1957 N	State of legal domicile: MN
Pa	art I	Summary	1	1 1	1
ė	1	Briefly describe the organization's mission or most significant activities: $To a$			
anc		treatments and a cure while working to im			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			ets. 13
Š	3				13
ي ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	13
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			350
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,110,797.	3,415,895.
anc	9	Program service revenue (Part VIII, line 2g)		712,604.	1,109,574.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		68,653.	70,303.
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,534.	-14,584.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,867,520.	4,581,188.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		973,478.	1,766,662.
	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)		1,035,987.	1,427,841.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		15,000.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 379,02	35.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		561,109.	922,102.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,585,574.	4,116,605.
		Revenue less expenses. Subtract line 18 from line 12		281,946.	464,583.
0 C			Be	ginning of Current Year	End of Year
Assets -	20	Total assets (Part X, line 16)		4,406,293.	5,008,595.
t As	21	Total liabilities (Part X, line 26)		246,072.	581,978.
ING		Net assets or fund balances. Subtract line 21 from line 20		4,160,221.	4,426,617.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	Andrew Rosen, Executive Director	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	Steven D. Anseth, CPA Steven D. Anseth, CPA 06/12,	/23 self-employed P00552219
Preparer	Firm's name Abdo LLP	Firm's EIN 41-1397419
Use Only	Firm's address 5201 Eden Ave, Ste 250	
	Edina, MN 55436	Phone no. 952.835.9090
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2022)

See Schedule O for Organization Mission Statement Continuation

-	1990 (2022) National Ataxia Foundation Incorporated 41-0832903 Page 2
Pa	rt III 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:
	The National Ataxia Foundation's mission is to accelerate the
	development of treatments and a cure while working to improve the
	lives of those living with Ataxia.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	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	
	The National Ataxia Foundation offers patient education, advocacy, and
	support programs to improve the lives of those living with Ataxia.
	NAF's patient education program provides an annual conference,
	webinars, and fact sheets to help individuals manage their health and
	quality of life. NAF's advocacy program involves policy makers and
	pharmaceutical companies to grow awareness of Ataxia, accelerate drug
	development and ensure access to care and treatment services. NAF's
	support group program offers a way for the Ataxia community to connect
	and learn from others.
4b	(Code:) (Expenses \$1,837,520. including grants of \$1,011,330. ) (Revenue \$
	The National Ataxia Foundation (NAF) encourages and promotes research
	on hereditary and sporadic ataxias through three research funding
	programs: (1) "seed money" research grants; (2) post doc fellowship
	awards; and (3) young investigator awards. Peer review is provided by
	NAF's Medical and Research Advisory Board members and leading ataxia
	scientists and clinicians, both domestic and international. The goals
	of NAF's research program are to further elucidate the disease
	mechanism of ataxia, bring early-career clinicians and scientists into
	ataxia research and move the field toward developing treatments and a
	cure for ataxia. In addition, NAF funds three programs that are beyond
	the traditional grant funding mechanism. These are non-competitive
	programs which include the Brain Tissue Donation Program, the
4c	
-0	The NAF Drug Development Collaborative is a pre-competitive
	pharmaceutical industry consortium with a principal goal of
	accelerating the development of treatments for Ataxia. The group will
	address the many shared opportunities and challenges in therapy
	development for this complex neurological disease. The Collaborative
	provides a centralized source for access to resources needed to support
	research and development of Ataxia therapies. Members will benefit
	from the integration of the patient experience with sound Ataxia
	scientific and clinical expertise. NAF brings more than 60 years of
	experience in supporting patients and caregivers and connecting them
	with research and clinical trial opportunities. NAF has also funded a
• -	network of Ataxia clinicians at sites around the US that will be a
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,364,624.
	Form <b>990</b> (2022
:3200	See Schedule O for Continuation(s)
704	3 512 759492 45674 2022.03050 NATIONAL ATAXIA FOUNDATIO 4567
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			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	Х	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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,			77
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		
u		11d		x
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	<u> </u>		
	Schedule D. Parts XI and XII	12a	х	
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		х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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	Х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<b> </b>
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,			
	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			ł
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
232002				(2022)
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 Form 990 (2022)
 National Ataxia Foundation Incorporated
 41-0832903
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 Foundation Incorporated
 Foundation Incorporated</

			Yes	No
22	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	04-		x
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	LTU		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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			
	Schedule L, Part I	25b		x
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		v
00	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	I
	Charle if Cabadula O contains a reasonable or note to any line in this Dart V			
	Check it Schedule O contains a response of 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 10		183	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22	Form	990	(2022)

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Form	990 (2022) National Ataxia Foundation Incorporate	d 41-0832	903	P	<sub>age</sub> 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
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 Ac	counts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
			50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		х
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u>л</u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gins	0		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the graphization receive a payment in graphic of $C^{2}$ mode partly as a contribution and partly for goods and early		-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			77
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c	1		
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
.5	excess parachute payment(s) during the year?		15		х
			13		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Income?	16		- 73
47	If "Yes," complete Form 4720, Schedule O.	ivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active the trust of an autient to a section 4051, 4050 or 40500.		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		<b>F</b> • • •	000	(0000)
232005	i 12-13-22		Form	330	(2022)

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Form	990	(2022)
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## National Ataxia Foundation Incorporated 41-0832903

body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

Page 6

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

Che	ck il Schedule O contains a response or note to any line in this Part Vi			 	
Section A. C	overning Body and Management				
			_	Yes	No
1a Enter the	number of voting members of the governing body at the end of the tax year	1a	13		
If there are	material differences in voting rights among members of the governing body, or if the governing				

b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	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 Revenue Code.)			
			Yes	No

			103	140
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	, , ,			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3))	s only) :	availat	he

	occupition of the required	an organization to marto to re		
	for public inspection. I	ndicate how you made these a	available. Check all that ap	pply.
	X Own website	X Another's website	X Upon request	Other (explain on Schedule O)
19	Describe on Schedule	O whether (and if so, how) the	e organization made its go	verning documents, conflict of interest policy, and financial
	statements available to	o the public during the tax yea	r.	

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20	State the name, address, and telephone number of the per	son who possesses the organization's books and records
	Andrew Rosen - 763-553-0020	
	PO Box 27986, Minneapolis, MN	55427

PO	вох	27986,	Minneapolis, M	MN	

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Form 990 (2			Page 1								
Part VII	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.

• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	. unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	trust		ee	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anone
(1) Lauren Moore	40.00		_	-						
Chief Scientific Officer		1				x		170,785.	Ο.	6,723.
(2) Andrew Rosen	40.00									
Executive Director		1		х				160,164.	Ο.	7,994.
(3) Joel Sutherland	40.00									
Development Director						Х		143,825.	0.	8,551.
(4) Samuel Kirton	5.00									
President		Х		Х				0.	0.	0.
(5) Linda Snider	2.00									
Vice President		Х		х				0.	0.	0.
(6) Greg Rooks	2.00									
Treasurer		Х		Х				0.	0.	0.
(7) John Mauro	2.00									
Secretary		Х		Х				0.	0.	0.
(8) David Brunnert	2.00									
Board Member		Х						0.	0.	0.
(9) Cindy DeMint	2.00									
Board Member		Х						0.	0.	0.
(10) Michael Cammer	2.00									
Board Member		Х						0.	0.	0.
(11) Jim Keene	2.00									
Board Member		Х						0.	0.	0.
(12) Greg Klassen	2.00									
Board Member		Х						0.	0.	0.
(13) Ann Riley	2.00									
Board Member		Х						0.	0.	0.
(14) Denise Kolpack	2.00									
Board Member		Х						0.	0.	0.
(15) John Dwyer	2.00									
Board Member		Х						0.	0.	0.
(16) Serena Hung	2.00									
Board Member		Х						0.	0.	0.
										000

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Form 990 (2022)	National	Ataxia	Fc	un	.da	ti	on	I	Incorporated	41-08	3329	903	Pa	ge <b>8</b>
Part VII Section	on A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
И	(A) Jame and title	<b>(B)</b> Average hours per week	verage Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	Esti amo	<b>(F)</b> matec ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		orgai	m the nizatic relate	on d
			-											
			-											
			-											
			-											
			-											
c Total from c	continuation sheets to Part VI nes 1b and 1c)	I, Section A							474,774. 0. 474,774.		0.0.0		,26	0.
2 Total numbe	or of individuals (including but n on from the organization									000 of reportable				3
-	nization list any <b>former</b> officer, ′es," complete Schedule J for s					-		-		•		3		No X
4 For any indiv and related of	vidual listed on line 1a, is the su organizations greater than \$150	im of reportab ),000? <i>If</i> "Yes,	le co ." <i>co</i>	mpe mple	ensat ete S	tion Sche	and and	oth J f	ner compensation from the form the form the form the formation of the form	he organization		4	x	
rendered to	on listed on line 1a receive or a the organization? <i>If "Yes." com</i> endent Contractors											5		X
-	is table for your five highest co tion. Report compensation for t	-	-								ensati	ion fron	n	
	(A) Name and business			ONE					(B) Description of s		Сс	(C) ompens		
	r of independent contractors (in compensation from the organized	•	ot lir	niteo	l to t	thos C		ted	above) who received mo	ore than			0.0	
											I	Form <b>9</b>	<b>90</b> (2)	022)

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			2022) National Atax	ia Founda	ation Incom	rporated	41-0832	903 Page 9
Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(P)	(0)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ي ق و		с		250,641.	]			
ar A			Related organizations 1d					
s, G		е	Government grants (contributions) 1e					
rtion S		f	All other contributions, gifts, grants, and					
-ibu				165,254.				
ontio		-	Noncash contributions included in lines 1a-1f	9,870.	2 115 905			
<u>0</u>		h	Total. Add lines 1a-1f	Business Code	3,415,895.			
	2	-	Drug Development Colla	900099	800,000.	800,000.		
vice	2		Conference income	900099	309,574.	309,574.		
Ser		c			0007071	0007071		
		d						
Program Service Revenue		е						
Ą		f	All other program service revenue					
		g			1,109,574.			
	3		Investment income (including dividends, intere	est, and	<b>FO 202</b>			80 202
			other similar amounts)		70,303.			70,303.
	4 5		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	а	Gross rents		-			
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
venue		_	and sales expenses					
			Gain or (loss)					
Other Re			Gross income from fundraising events (not					
0			including \$ 250,641. of					
			contributions reported on line 1c). See Part IV, line 18 8a	0.				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-14,584.			-14,584.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		L.	and allowances 10a Less: cost of goods sold 10b					
		U	Net income or (loss) from sales of inventory	Business Code				
SNC	11	а						
anec		b						
scellaneo Revenue		с						
Miscellaneous Revenue		d	All other revenue					
		е	Total. Add lines 11a-11d			1 100 == :	-	
	12		Total revenue. See instructions		4,581,188.	1,109,574.	0.	55,719.
23200	9 12-	13-	22					Form <b>990</b> (2022)

# Form 990 (2022)National Ataxia Foundation Incorporated41-0832903Page 10Part IXStatement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,483,310.	1,483,310.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,071.	3,071.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	280,281.	280,281.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	498,042.	363,678.	40,659.	93,705.
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	697,927.	509,638.	56,977.	131,312.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.45			
9	Other employee benefits	145,852.	94,976.	20,483.	<u>30,393.</u> 16,431.
10	Payroll taxes	86,020.	63,122.	6,467.	16,431.
11	Fees for services (nonemployees):	00 500	<u> </u>		4 4 4 4 4 4
	Management	80,792.	60,423. 10,373.	6,220.	14,149.
	Legal	10,373.	10,373.	10.000	
	Accounting	13,000.		13,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		22 042		
	column (A), amount, list line 11g expenses on Sch 0.)	66,694.	33,842.	32,852.	12 15/
12	Advertising and promotion	21,013. 37,552.	<u>1,028</u> . 3,866.	<u>6,831.</u> 28,405.	<u>13,154.</u> 5,281.
13	Office expenses	57,552.	5,000.	20,405.	5,201.
14	Information technology				
15	Royalties	61,739.		61,739.	
16		01,755.		01,755.	
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	492,015.	441,325.	22,921.	27,769.
20	Interest	,010.	,525•	,,,	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,737.		11,737.	
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) Dues and subscriptions	73,105.	10,263.	16,917.	45,925.
a ⊾	Bank and credit card fe	45,415.	5,052.	40,363.	±J,34J•
u o	Miscellaneous	5,970.	220.	4,834.	916.
ט ה	Development	1,139.	156.	983.	510.
u	All other expenses	1,558.	150.	1,558.	
е 25	Total functional expenses. Add lines 1 through 24e	4,116,605.	3,364,624.	372,946.	379,035.
25	Joint costs. Complete this line only if the organization	_,0,000	-,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00001	) 12-13-22		I	1	Form <b>990</b> (2022)

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		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,548,448.	1	1,969,164.
	2	Savings and temporary cash investments		1,636,501.	2	1,642,051.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,414.	4	55,331.
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9			65,695.	9	187,070.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	1,124,235.	11	1,065,945.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		0.	15	89,034.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	4,406,293.	16	5,008,595.
	17	Accounts payable and accrued expenses		73,572.	17	470,035.
	18	Grants payable			18	
	19	Deferred revenue	172,500.	19	22,291.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abi		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	89,652.
	26	Total liabilities. Add lines 17 through 25		246,072.	26	581,978.
		Organizations that follow FASB ASC 958, che	ck here X			
Sec		and complete lines 27, 28, 32, and 33.				
lan	27			2,607,446.	27	2,404,811.
Ba	28	Net assets with donor restrictions		1,552,775.	28	2,021,806.
pun		Organizations that do not follow FASB ASC 9	58, check here			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
tAŝ	31	Retained earnings, endowment, accumulated inc			31	4 404 445
Ne	32	Total net assets or fund balances		4,160,221.	32	4,426,617.
	33	Total liabilities and net assets/fund balances		4,406,293.	33	5,008,595.
						Form <b>990</b> (2022)

Form	National Ataxia Foundation Incorporated	41-08	32903	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,581		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,116	5,6	<u>)5.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	464	1,5	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,160	),22	21.
5	Net unrealized gains (losses) on investments	5	-194	<b>1,0</b>	93.
6	Donated services and use of facilities	6			
7	Investment expenses	7	- 4	1,09	94.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,426	5,6	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
2a			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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		

SCHEDULE A (Form 990)		Public Cha pomplete if the organ 494		OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service		At	47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	rm 990-E	Ζ.	ormation		Open to Public Inspection
Name of the organizati			Formaso for instruction	is and the	alest m	ormation.	Employer	identification number
			a Foundation					1-0832903
Part I Reason	for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
			For lines 1 through 12, cl on of churches described			I)(A)(i).		
			Attach Schedule E (Form					
3 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 A medical res	-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
5 An organizat	ion operated fo	or the benefit of a col Complete Part II.)	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
			nental unit described in	section 17	70(b)(1)(A)	(v).		
-		•	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in
		omplete Part II.)	(1)(A)(vi). (Complete Part	· II )				
·			in section 170(b)(1)(A)(	-	ed in conii	inction with a	land-grant	college
or university	-	-	ulture (see instructions).		-		-	-
university:	ion that narma		than 22 1/20/ of its sum	art from a	ontribution	a mambarak	in face and	d areas ressints from
-		• • • •	than 33 1/3% of its supp t to certain exceptions; a				-	•
			(less section 511 tax) fro					
		mplete Part III.)			leee dequi		,aa	
			ively to test for public sat	ety. See	section 50	09(a)(4).		
			vely for the benefit of, to				rry out the	purposes of one or
more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a 🔄 Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		complete Part IV, Se						
		-	l or controlled in connect			•		•
	•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	. ,	t complete Part IV,						
	-	• • • •	g organization operated				ly integrate	ed with,
	0		<ol> <li>You must complete I porting organization oper</li> </ol>	-			tod organi-	zation(s)
	-		ation generally must sat				-	
			nplete Part IV, Sections				i un uttoriti	
			written determination from				II. Type III	
	•		nally integrated supporti			JI 7 JI	, ,,	
f Enter the number								
		n about the supporte	d organization(s).					1
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized of the organized o	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)
<u>Total</u>						<u> </u>		

# Schedule A (Form 990) 2022 National Ataxia Foundation Incorporated 41-0832903 Page 2 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.)

260	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2275836.	2593142.	2419359.	2110797.	3415910.	12815044.			
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	0000000	0500440	0440050	0110808	044 - 04 0	1 0 0 1 5 0 4 4			
	Total. Add lines 1 through 3	2275836.	2593142.	2419359.	2110797.	3415910.	12815044.			
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,						010 100			
_	column (f)						<u>912,123.</u> 11902921.			
	Public support. Subtract line 5 from line 4.						11902921.			
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(0) T - + -			
	ndar year (or fiscal year beginning in)	(a) 2018 2275836.	(b) 2019 2593142.	(c) 2020 2419359.	(d) 2021 2110797.	(e) 2022	(f) Total 12815044.			
	Amounts from line 4	2273030.	2393142.	2419339.	2110/9/.	2412910.	12013044.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	57,676.	57,239.	56,917.	68,653.	70,303.	310,788.			
~	and income from similar sources	57,070.	57,259.	J0, 917.	00,000.	10,303.	510,700.			
9	Net income from unrelated business									
	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									
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						13125832.			
	Gross receipts from related activities,		nc)				,044,957.			
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y			,011,007.			
13	organization, check this box and stop	-		· · ·						
Sec	ction C. Computation of Publi	c Support Per	centage				·····			
	Public support percentage for 2022 (I			column (f))		14	90.68 %			
	Public support percentage from 2021		-			15	93.75 %			
	<b>33 1/3% support test - 2022.</b> If the o					•				
	stop here. The organization qualifies						V			
b	<b>33 1/3% support test - 2021.</b> If the o		-							
	and <b>stop here.</b> The organization qual									
17a										
	ITa 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
-	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization									
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### Schedule A (Form 990) 2022 National Ataxia Foundation Incorporated 41-0832903 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010		(0) 2020			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulately aperiad on						
12	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
	check this box and stop here	<u></u>					
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22						le A (Form 990) 2022

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Schedule A (Form 990) 2022

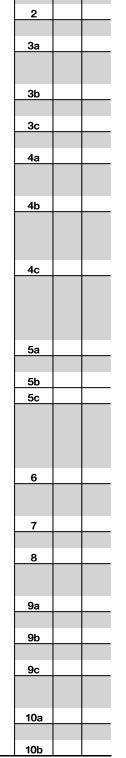
#### Part IV Supporting Organizations

(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.)

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Yes No

1

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#### Schedule A (Form 990) 2022 National Ataxia Foundation Incorporated 41-0832903 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on	lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11	b, or 11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No

			 110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

			Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	1	

Se	ction D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		1

#### <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inside the second seco	struction	S).
---	-----------	-----

- 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 <b>Part VI</b> how you supported a governmental entity (see instructions).	
---	--	------------------------------	----------------------	--	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

No

Yes No

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_	dule A (Form 990) 2022 National Ataxia Foundat			41-0832903 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
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		
C	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-functional	ly integra	ted Type III supporting o	rganization (see

instructions).

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## National Ataxia Foundation Incorporated 41-0832903 Page 7

	dule A (Form 990) 2022 National Atax:	ia Foundation	Incorporated	1 4	1-0832903	Page 7
Par		a)(3) Supporting Org	anizations (continu	ued)		
Sect	on D - Distributions			-	Current Yea	r
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6 7		
7	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is reenancia	· · · · · · · · · · · · · · · · · · ·			
8	Distributions to attentive supported organizations to which the	le organization is responsiv	'e	8		
9	(provide details in <b>Part VI</b> ). See instructions. Distributable amount for 2022 from Section C, line 6			9		
 10	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

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Schedule A	(Form 990) 2022	National	Ataxia F	oundation	Incorporated	41-0832903 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	<b>rmation.</b> Provide 1, 2, 3b, 3c, 4b, 4c, 1, lines 2 and 3; Part	the explanations 5a, 6, 9a, 9b, 9c, IV, Section E, line	required by Part II, 11a, 11b, and 11c; s 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or Part IV. Section B, lines 1	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
232028 12-09-2	2					Schedule A (Form 990) 2022

## Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

41-0832903

2022

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Gordon & Marilyn Macklin Foundation	742,500.	479,983.
John Patterson Estate	417,271.	154,754.
Steve Cossack Family Foundation	539,903.	277,386.
Total Excess Contributions to Schedule A, Part II, Line 5		912,123.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

5 51 (	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

41-0832903

National Ataxia Foundation Incorporated

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Steve Cossack Family Foundation X Person Payroll 3545 Hoffman Road East 539,903. Noncash (Complete Part II for Vadnais Heights, MN 55110 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution The Gordon and Marilyn Macklin 2 Foundation X Person Payroll 10520 Fox Crest Ct 450,000. Noncash (Complete Part II for Great Falls, VA 22066 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 John Patterson Estate X Person Payroll 8340 Mission Rd #114 350,000. Noncash \$ (Complete Part II for Prairie Village,, KS 66206 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Albuquerque Community Foundation 4 Person X Payroll PO Box 25266 \$ 233,536. Noncash (Complete Part II for Albuquerque, NM 87125 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Biohaven Pharmaceuticals X Person Payroll 215 Church St 200,000. Noncash \$ (Complete Part II for New Haven, CT 06510-1804 noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 6 PTC Therapeutics X Person Payroll 150,000. 100 Corporate Ct Noncash \$ (Complete Part II for South Plainfield, NJ 07080 noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

14470612 759492 45674

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Employer identification number

41-0832903

## National Ataxia Foundation Incorporated

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	<u>Takeda Pharmaceuticals USA, Inc.</u> <u>1 Takeda Pkwy</u> Deerfield, IL 60015	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Carol Stabenow 501 Main St N, Ste 200 Stillwater, MN 55082	\$124,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Seelos Therapeutics 300 Park Avenue New York, NY 10022	\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Biogen PO Box 425025 Cambridge, MA 02142	\$ <u>110,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Reata Pharmaceuticals Inc. 5320 Legacy Drive Plano, TX 75024	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Marcia Neugebauer 7519 S. Eliot Lane Tucson, AZ 85747-9627	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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41-0832903

## National Ataxia Foundation Incorporated

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	The Clementz Foundation 7321 NE William Rogers Rd Indianola, WA 98342-9738	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    14</u>	Michael M Anderson Estate <u>306 S Macarther Cit</u> <u>Indianola, MS 38751</u>	\$93,088.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	Facebook <u>1 Hacker Way</u> Menlo Park,, CA 94025	\$81,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oronash Oronash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANDALION Payroll OKANDALION Noncash OKANDALION (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Dort II

National Ataxia Foundation Incorporated

Employer identification number

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Schedule I	B (Form 990) (2022)				Page <b>4</b>
Name of o	organization				Employer identification number
Natio	nal Ataxia Foundation In	corporated			41-0832903
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations descr			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or completing Part III.	) through (e) and the following the the following the set of the s	ng line entry. For or <b>\$1,000 or less</b> for th	rganizations ne year. (Enter this info. o	once.) \$
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Dese	cription of how gift is held
		(e) Trans	fer of gift		
·	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Dese	cription of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	K	elationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Dese	cription of how gift is held
		(e) Trans	fer of gift		
·	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held
Part I					
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
223454 11-15					Schedule B (Form 990) (2022)

223454 11-15-22

Schedule B (Form 990) (2022)

## 14470612 759492 45674

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SCHEDU	LE D
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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.



Name of the organization

National Ataxia Foundation Incorporated

Employer identification number 41 - 0832903

Par			or Ac	counts	S. Complete it	the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(	<b>b)</b> Funds	s and other acc	ounts
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 v	writing that the assets held in donor advis	sed fund	ls		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferri	ng		
					Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservation o	of a histo	rically in	nportant land a	ea
	Protection of natural habitat	Preservation o	of a certif	fied histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor			
	day of the tax year.			н	leld at the End of	the Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele			zation du	uring the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n easem	ents during the	year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	ements	during the year	
•						
8	Does each conservation easement reported on line 2(d) above					
•					Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ients tha	it descrit	bes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Si	imilar /	Assets.	
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		and hala	nce she	et works	
14	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finan			00 01 pu		
h	If the organization elected, as permitted under FASB ASC 95			sheet w	orks of	
D.	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:		nerance		c 3ci vicc,	
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical trea			Ψ. novid≏		
-	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			····· +	chedule D (For	m 990) 2022
	09-01-22					
		29				

2022.03050 NATIONAL ATAXIA FOUNDATIO 45674\_\_1

		l Ataxia F						41-08			<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical T	reasures, o	or Other	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessic	on, and other record	ds, chec	k any of the	e following tha	it make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or e	kchange progr	ram					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how t	hey further	the organizati	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang								ine 9. or		
	reported an amount on Form 990, Par			5				, ,	,		
<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermed	diarv for	contributio	ons or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								]	· · ·	
~			, io mig	labio.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • •				
Par											
		(a) Current year		Prior year	(c) Two yea			years back	(e) Fou	r vears	back
10	Beginning of year balance	(u) coment year	(~)	, nor you	(0)	are such	(,	jouro suori	(0):00	jouro	Such
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
t	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		ce (line 1	g, column	(a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	,	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	at are held	and administe	ered for th	е		1		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat				?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	V, line 11a.	See Form 990	D, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or basis (invest		• •	st or other is (other)	1	ccumulat preciation		(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		t X. colu	mn (B). line	10c.)						0.
		<u>.</u>		,,				Schodulo		- 000)	

Schedule D (Form 990) 2022

Schedul	e D (Form 990) 2022 National At	axia Foundati	on Incorporated	41-0832903 Page 3
Part \	/II Investments - Other Securities.			
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
<b>(a)</b> Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
<b>(1)</b> Fina	ncial derivatives			
(2) Clos	ely held equity interests			
(3) Oth	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes'	on Form 990. Part IV. line	 11c. See Form 990. Part X. line 13	3.
	(a) Description of investment	(b) Book value		st or end-of-year market value
(1)	., .			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
	(a	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part >	Other Liabilities.			
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1.	(a) Description of liability			(b) Book value
	Federal income taxes			
(2)	Lease liability			89,652.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. ((	Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		
<b>2.</b> Liab	ility for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the organization's financial stater	ments that reports the
orga	anization's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has b	been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

_	dule D (Form 990) 2022 National Ataxia Foundation				0832903 Page 4
Pa	<b>t XI</b> Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Revenue per Re	eturn.	
1	Total revenue, gains, and other support per audited financial statements			1	4,397,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
– a	Net unrealized gains (losses) on investments	2a	-194,093.		
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	-194,093.
3	Subtract line 2e from line 1			3	4,591,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,094.		
b	Other (Describe in Part XIII.)		-14,584.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-10,490.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,581,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	4,131,189.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,131,189.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. <b>4</b> b	-14,584.		
с	Add lines 4a and 4b			4c	-14,584.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,116,605.
Ра	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part XI, Line 4b - Other Adjustments:

Fundraising Expenses

Part XII, Line 4b - Other Adjustments:

#### Fundraising Expenses

232054 09-01-22

-14,584.

-14,584.

(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2022
Department of the Treasury		Open to Public				
Internal Revenue Service	Go to <sub>W</sub>	ww.irs.gov/Form	1990 for instructions and the latest i	information.	<b>F</b>	Inspection
Name of the organization					Employer id	lentification number
National Ataxia	Foundat	ion Inco:	rporated		41-083	2903
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ		
Form 990, Part I	V, line 14b.					
1 For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
<b></b>						
<ol> <li>For grantmakers. Deso United States.</li> </ol>	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	ner assistance	e outside the
	he following Part	I line 3 table ca	an be duplicated if additional space is r	needed )		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the regio	in the region
Europe (Including						
Iceland & Greenland)						
- Albania, Andorra,			Research grants to			
Austria, Belgium	0	0	recipients in the region	Research Gr	ants	200,000.
East Asia and the						
Pacific - Australia, Brunei, Burma,			Research grants to			
Cambodia,	0	0	recipients in the region	Research Gr	ants	50,000.
	-					
			Research grants to			
North America	0	0	recipients in the region	Research Gr	ants	30,282.
<b>3 a</b> Subtotal	0	0				280,282.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	n –				280 282

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

SCHEDULE F (Form 990)

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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Europe (Including	Research grants to					
		Iceland &	recipients in the					
		Greenland)	region	50,000.	Transfer	0.		
			Research grants to					
			recipients in the					
		Pacific	region	50,000.	Transfer	٥.		
			Research grants to					
		Iceland &	recipients in the					
		Greenland)	region	100,000.	Transfer	0.		_
			Research grants to					
			recipients in the					
		North America	region	9,700.	Transfer	0.		
			Research grants to					
			recipients in the					
		North America	region	20,582.	Transfer	0.		
		Europe (Including	Research grants to					
		Iceland &	recipients in the					
		Greenland)	region	50,000.	Transfer	0.		
			recognized as charities by the	-	-			
			or counsel has provided a sec		uivalency letter	🕨 _		6
3 Enter total number of	other organizations of	or entities						

Schedule F (Form 990) 2022

#### 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 if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

			Ataxia	Foundation	Incorporated	41-0832903	Page 4
Part IV	Foreign Form	S					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation</i> (see 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 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022 National Ataxia Foundation Incorporated 41-0832903 Page 5
Part V         Supplemental Information           Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
Grant applications are screened by a multi-level scientific panel and
ranked. Recommendations are then presented to the Board who makes the
final funding decision. One time grants are paid and a written report in
both scientific terms and layperson's terms is required four months after
the completion of the research project. For the two SCA Research
Programs, a written progress report is also to be submitted six months
after the start of the research project. When a paper or exhibit by an
awardee, based on the work supported by an NAF grant, is published or
presented, all papers, exhibits and press releases shall carry a credit
line to the National Ataxia Foundation. Research awards are for direct
costs only and cannot be used for indirect costs or institutional
overhead.

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022			
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and tr	ne latest information	n.	Employer	Inspection identification number			
······		l Ataxia Foundatio	n Ii	ncon	rporated		41-083				
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990	-EZ filers are not			
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc irofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			Yes No			
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		by) to (or retained by)			
			Yes	No							
Total											
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	n registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

National Ataxia Foundation Incorporated 41-0832903 Page 2

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 furfulaising event contributions and gro	JSS INCOME ON FORM 390	EZ, III IES T AITU OD. LISU		s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Walk n Roll			col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	250,641.			250,641.
ш	2	Less: Contributions	250,641.			250,641.
	_					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
penses		Rent/facility costs	12,136.			12,136.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				2,448.
	10	Direct expense summary. Add lines 4 through			•	14,584.
	11	Net income summary. Subtract line 10 from li				-14,584.
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	_					
	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	□ No	
	_		<b>—</b>		•	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
10-		we apply of the experimation's coming licenses we	waked evenended at to	rminated during the tax	veer?	
		ere any of the organization's gaming licenses re			усаі (	Yes No
0	П	Yes," explain:				
23208	32 10	-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	National	Ataxia	Foundation	Incorporated	41-0832903 Page 3
11	Does the organization conduct g	aming activities witl	h nonmember	s?		Yes No
	Is the organization a grantor, ber					
	to administer charitable gaming?					
13	Indicate the percentage of gamin					
а	The organization's facility					<b>13a</b> %
	An outside facility					
14	Enter the name and address of the	ne person who prep	ares the organ	nization's gaming/spe	cial events books and recor	ds:
	Name					
	Address					
<b>1</b> 5a	Does the organization have a cor	ntract with a third pa	arty from who	m the organization rec	eives gaming revenue?	Yes No
h	If "Vec " enter the emount of gen		ad by the erec	ni-otion (	and the or	n ou unt
ŭ	If "Yes," enter the amount of gan				and the an	nount
	of gaming revenue retained by the If "Yes," enter name and address					
C	in res, enter name and address	s of the third party.				
	Name					
	Address					
	Address					
16	Gaming manager information:					
10	Carning manager mormation.					
	Name					
	Gaming manager compensation	\$				
		•				
	Description of services provided					
	Director/officer	Employee		Independent contra	ctor	
17	Mandatory distributions:					
а	Is the organization required unde	er state law to make	charitable dis	tributions from the ga	ming proceeds to	
	retain the state gaming license?					YesNo
b	Enter the amount of distributions	required under sta	te law to be di	istributed to other exe	mpt organizations or spent	in the
_	organization's own exempt activi					
Pa						); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also p	provide any ad	ditional information. S	ee instructions.	
						Cohodula O (Forma 000) coor
23208	33 10-27-22			40		Schedule G (Form 990) 2022

<u>Schedule G</u>	a (Form 990)	National Atax	ia Foundation	Incorporated	41-0832903 Page 4
Part IV	Supplemental Info	ormation (continued)			
					Schedule G (Form 990

232084 04-01-22

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni <sup>-</sup>	ted States		2022
Department of the Treasury Internal Revenue Service			Attach to Form .gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization National	Ataxia Fo	undation Ind	corporated	1			Employer identification number $41 - 0832903$
Part I General Information on Grants a				-			11 0001900
1 Does the organization maintain records criteria used to award the grants or assis	stance?				•		
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Arizona State University							
1151 S Forest Ave							
Tempe, AZ 85281	86-0196696	501c3	50,000.	0.			Research
Baylor College of Medicine One Baylor Plaza							
Houston, TX 77030	74-1613878	501c3	85,000.	0.			Research
Columbia University New York PO Box 29789							
New York, NY 10087	13-5598093	501c3	70,100.	0.			Research
Duke University Medical Center 324 Blackwell St, Site 900							
Durham, NC 27701	23-1352685	501c3	75,000.	0.			Research
Emory University PO Box 935084			05,000				
Atlanta, GA 31193	58-0566256	DUTC3	25,000.	0.			Research
Houston Methodist Research Institute - PO Box 4805 - Houston,							
TX 77210	76-0094743	501c3	51,450.	0.			Research
2 Enter total number of section 501(c)(3) a		•	e line 1 table				18.
3 Enter total number of other organization	s listed in the line 1	I table					

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

### Schedule I (Form 990) National Ataxia Foundation Incorporated

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41-1	1034903	Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Johns Hopkins University								
Department of Neurology - 1101 E								
33rd St, Ste B001 - Baltimore, MD								
21218	52-0595110	501c3	49,100.	0.			Research	
Massachusetts General Hospital 55 Fruit St								
Boston, MA 02114	04-1564655	501c3	42,500.	٥.			Research	
Northwestern University 633 Clark St								
Evanston, IL 60208	36-2167817	501c3	68,000.	0.			Research	
Oregon Health & Science University 3181 SW Sam Jackson Park Rd								
Portland, OR 97239	93-1176109	501c3	50,000.	0.			Research	
Regents of the University of California, Los Angeles - 635 Charles E. Young Dr S - Los								
Angeles, CA 90095	95-6006143	501c3	121,500.	٥.			Research	
Regents of the University of Michigan - 5082 Wolvertine Tower -	20 000000	F 01 - 2	122.450					
Ann Arbor, MI 48109	38-6006309	50163	132,450.	0.			Research	
The University of Chicago 6054 South Drexel Avenue								
Chicago, IL 60637	36-2177139	501c3	32,200.	0.			Research	
The University of Texas MD Anderson Cancer Center – 1515 Holcombe Boulevard – Houston, TX								
77030	74-6001118	501c3	50,000.	0.			Research	
University of California San Francisco - 550 16th St, Floor 4 -								
San Francisco, CA 94143	94-6036493	501c3	42,500.	0.			Research	

Schedule I (Form 990)

#### National Ataxia Foundation Incorporated Schedule I (Form 990)

41-0832903	Page 1
------------	--------

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mniversity of Florida Department of Neurology – PO Box 100158 – Gainesville, FL 32611	59-6002052	501c3	184,567.	0.			Research
Mniversity of South Florida 2901 Bruce B Downs Blvd Pampa, FL 33612	59-3102112	501c3	93,903.	0.			Research
Jniversity of Texas Southwestern 5323 Harry Hines Blvd Dallas, TX 75390	75-2556007	501c3	44,600.	0.			Research

Schedule I (Form 990)

#### Schedule I (Form 990) 2022

#### National Ataxia Foundation Incorporated

41-0832903

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
Part I, Line 2:					
Grant applications are screened by	a multi-	level scie	ntific pan	el and	
ranked. Recommendations are then pr	resented	to the Boa	rd who mak	es the final	
funding decision. One time grants a	are paid	and a writ	ten report	in both	
scientific terms and layperson's te	erms is r	equired fo	our months	after the	
completion of the research project.	. For the	two SCA R	esearch Pr	ograms, a	
written progress report is also to	be submi	tted six m	onths afte	r the start	
of the research project. When a page					

#### the work supported by an NAF grant, is published or presented, all papers,

Schedule I (Form 990) National Ataxia Foundation Incorporated Part IV Supplemental Information	41-0832903	Page <b>2</b>
exhibits and press releases shall carry a credit line to the	National	
Ataxia Foundation. Research awards are for direct costs only	and cannot	be
used for indirect costs or institutional overhead.		
232291 04-01-22	Schedule I (F	orm 990)

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SCHEDULE J		Compensation Information	I	OMB No. 1	545-004	47	
(Form 990)		- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)	
. ,		Compensated Employees		20	22	-	
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to Public		ic		
	Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.				ction		
Nan	e of the organizatio			identificatio		mber	
		National Ataxia Foundation Incorporated	41-0	083290	3		
Pa	Part I Questions Regarding Compensation						
					Yes	No	
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			77		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	<u> </u>	
~	la d'ante colstato de la co						
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee						
			ommittee				
4	4 During the year did any person listed on Ferm 000 Dart VII. Section A line to with respect to the filing						
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
а	organization or a related organization: a Receive a severance payment or change-of-control payment?					x	
b		eive payment from a supplemental nonqualified retirement plan?				X	
c		eive payment from an equity-based compensation arrangement?		12 4c		x	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а						X	
	b Any related organization?					X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
contingent on the net earnings of:							
а	a The organization?					X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 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	ıe				
	initial contract exce	ption 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				9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	) 2022	

#### 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Lauren Moore	(i)	170,785.	0.	0.	0.	6,723.	177,508.	0.
Chief Scientific Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Andrew Rosen	(i)	160,164.	0.	0.	0.	7,994.	168,158.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Joel Sutherland	(i)	143,825.	0.	0.	0.	8,551.	152,376.	0.
Development Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### 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 J (Form 990) 2022

SCHEDULE O (Form 990)

OMB No. 1545-0047 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.

Open to Public Inspection Employer identification number 41-0832903

Form 990, Part I, Line 1, Description of Organization Mission:

living with Ataxia.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Centralized Ataxia Genomic Core and Clinical Research Consortium for

National Ataxia Foundation Incorporated

the Study of Cerebellar Ataxia. Because of the importance of

collaboration among the multi-stakeholders for ataxia research, the

Foundation organizes scientific meetings.

Form 990, Part III, Line 4c, Program Service Accomplishments:

critical component of the Collaborative's work. Specific objectives of

the Collaborative include natural history and bio sample data

collection, development of biomarkers, validation of rating scales,

clinical trial design, patient-reported outcomes, and other data

necessary for the development and approval of safe and effective

therapies. There were ten members of the Collaborative at the end of

2022.

Form 990, Part VI, Section A, line 6:

The Foundation has free memberships. Members do not having voting rights.

Form 990, Part VI, Section B, line 11b:

The form 990 is prepared by the Certified Public Accountant with the help

of the Executive Director. The preliminary form is reviewed as needed. The

form 990 is then prepared and is presented at an Executive Committee or

Board Meeting prior to the return being signed and submitted to the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Form 990, Part VI, Section B, Line 12c:

Each responsible person (officer, employee or board member) shall annually complete a disclosure form identifying any relationships, positions or circumstances which could contribute to a potential conflict of interest. Prior to Board or Committee action, all facts shall be disclosed relating to the protential conflict of interest and such disclosure will be reflected in the minutes of the meeting. The person cannot be counted towards having a quorum to vote and is not allowed to vote on the issue. They are also not allowed to exert any personal influence in the matter. The policy shall be reviewed annually by each member of the Executive Committee.

Form 990, Part VI, Section B, Line 15:

Executive Director's position - an annual review is conducted by the

Foundation's President. The performance review is based on achieving the

annual goals of the Foundation. The President annually evaluates the

performance in a written report and then presents the review and

recommendations to the Board/Executive Committee who determine any actions, including pay raises.

Other Employees - The Executive Director annually evaluates the performance of employees in a written reported saved in each employee's permanent file. The Executive Director has a salary budget as set by the full Board of Directors. The Executive Director has full discretion on the percentage of pay raises to individuals not to exceed the approved budget.

Form 990, Part VI, Section C, Line 19:

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Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization National Ataxia Foundation Incorporated	Employer identification number 41-0832903
	41-0032903
The Foundation will furnish all requests for organizing do	cuments, conflict
of interest policies and financial statements upon request	. The financial
statements are posted on the Foundation's website. The 990	is also
available on Guidestar.org and Candid.org.	
232212 10-28-22	Schedule O (Form 990) 2022

### TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

#### FOR THE YEAR ENDING

December 31, 2022

#### **Prepared For:**

National Ataxia Foundation Incorporated PO Box 27986 Minneapolis, MN 55427

#### **Prepared By:**

Abdo LLP 5201 Eden Ave, Ste 250 Edina, MN 55436

#### Amount of Tax:

Balance due of \$25

#### Make Check Payable To:

State of Minnesota

#### Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

#### Return must be mailed on or before:

July 17, 2023

#### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2022 Annual Report on the check or money order.

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

### CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information** 

Legal Name of Organization National Ataxia Foundation Incorporated					
Federal EIN:41-0832903	Fiscal Year-End: <u>12312022</u> mm/dd/yyyy				
	Did the organization's fiscal year-end change?				
Mailing Address: Andrew Rosen	Physical Address: Andrew Rosen				
Contact Person PO Box 27986	Contact Person 7701 Golden Valley Rd #27986				
Street Address <u>Minneapolis, MN 55427</u>	Street Address Golden Valley, MN 55427				
City, State, and ZIP Code <u>763-553-0020</u>	City, State, and ZIP Code 763-553-0020				
Phone Number naf@ataxia.org	Phone Number naf@ataxia.org				
Email Address	Email Address				
1. Organization's website: <u>https://ataxia.org/</u>					
<ul> <li>List all of the organization's alternate and former names (attach list if more space is needed).</li> <li> Alternate</li> <li> Alternate</li> <li> Former</li> </ul>					
<ol> <li>List all names under which the organization solicits contributions (attach list if more space is needed).</li> <li>National Ataxia Foundation</li> </ol>					
<ol> <li>Is the organization incorporated pursuant to Minn. Stat. ch. 317A?</li> </ol>	X Yes No				
5. Total amount of contributions the organization received from Minnesota	a donors: \$ 834,672.				
<ul> <li>Has the organization's tax-exempt status with the IRS changed?</li> <li>Yes X No If yes, attach explanation.</li> </ul>					
<ul> <li>7. Has the organization significantly changed its purpose(s) or program(s)<sup>4</sup></li> <li>Yes X No If yes, attach explanation.</li> </ul>	?				

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	. Has the organization been denied the right to solicit contributions by any court or government agency?					
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? $\square$ Yes $X$ No If yes, provide the following information for each (attach list if more space is needed):					
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Cod	e			
10.	D. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.					
11.	Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? $X$ Yes $No$ If yes, provide the following information for the five highest paid individuals:	receive total				
	Name and title	Compensation*	Other compensation			
	Lauren Moore Chief Scientific Officer	170 785.	6 723.			

Lauren Moore		
Chief Scientific Officer	170,785.	6,723.
Andrew Rosen		
Executive Director	160,164.	7,994.
Joel Sutherland		
Development Director	143,825.	8,551.

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. § 317A.011 for definitions.

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#### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

#### INCOME

1.	Contributions Received	\$	1
2.	Government Grants		2
3.	Program Service Revenue		3
4.	Other Revenue	\$	4
5.	TOTAL INCOME		5
EXPE	INSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	
8.	Fund-raising Expenses	\$	
9.	TOTAL EXPENSES		9
10.	EXCESS or DEFICIT		10
	(Line 5 minus Line 9)		
ASSE	TS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	
13.	Other Assets	\$	
14.	TOTAL ASSETS		14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	
17.	Other Liabilities	\$	
18.	TOTAL LIABILITIES		18
FUND	D BALANCE/NET WORTH	\$	
(Line 1	4 minus Line 18)	·	

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

#### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	mns B, C, and D must equal Column A. The amour	nt on Line 25, Column A	A must match Line 17 of	IRS Form 990-EZ or Line	26 of IRS Form 990-PF
		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	. Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.					
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
<u>26</u> .	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowle	edgment
The form must be executed pursuant to a resolution of the board of direc	tors, trustees, or managing group and
must be signed by two officers of the organization. See Minn. Stat. § 309	0.52, subd. 3.
We, the undersigned, state and acknowledge that we are duly consti	ruted officers of this organization, being the
Executive Director (Title) and Presi	dent (Title) respectively, and
that we execute this document on behalf of the organization pursuant to	the resolution of the
Board of Directors (Board	d of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the docu	ument, and do hereby certify that the
Board of Directors (Board	d of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have sup	ervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correc	and complete to the best of our knowledge.
Andrew Rosen	Samuel Kirton
Name (Print)	Name (Print)
Signature	Signature
Executive Director	President
Title	Title
Date	Date