** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Т

<u>A</u> F	or th	e 2023 calendar year, or tax year beginning and	ending				
B c a	heck if pplicab	le:		D Employer identifie	cation number		
	Addre						
	Name	ge Doing business as	41-08329	03			
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
	Final	PO Box 27986		763-553-			
	termi ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,992,596.		
	Amer	MIMEADOIIS, MN 55427		H(a) Is this a group re			
	Appli tion pend	F Name and address of principal officer: AIICLEW ROSEII		for subordinates	? Yes X No		
		same as C above		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>]	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions		
	Vebs			H(c) Group exemptio			
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1957 N	A State of legal domicile: MN		
Pa	art I	Summary			1		
Ð	1	Briefly describe the organization's mission or most significant activities: To ac					
Governance		treatments and a cure while working to im					
er né	2	Check this box if the organization discontinued its operations or dispos	ed of more	1 1			
Š	3				16		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		16			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		21			
<u>iti</u>	6	Total number of volunteers (estimate if necessary)		350			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.			
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		3,415,895.	3,083,219.		
enu	9	Program service revenue (Part VIII, line 2g)		1,109,574.	835,649.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,303.	73,728.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,584.	-10,971.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,581,188.	3,981,625.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,766,662.	1,749,340.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,427,841.	1,731,406.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ×		Total fundraising expenses (Part IX, column (D), line 25) 537, 64			1 2 2 2 2 2 4		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		922,102.	1,382,824.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,116,605.	4,863,570.		
	19	Revenue less expenses. Subtract line 18 from line 12		464,583.	-881,945.		
s or			Be	ginning of Current Year	End of Year		
Assets - d Balanc	20	Total assets (Part X, line 16)		5,008,595.	4,116,826.		
it As		Total liabilities (Part X, line 26)		581,978. 501,8			
N N	22	Net assets or fund balances. Subtract line 21 from line 20		4,426,617.	3,614,946.		
		Signature Block					
Ind	or non	altica at parium. I dealare that I have avergined this return, including accompanying achadulae	and atatama	nto and to the heat of mu	unavelada and haliaf it is		

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					
	<u>Andrew Rosen, Chief Execu</u>									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN				
Paid	Steven D. Anseth,CPA	Steven D.	Anseth, CPA	05/02/	/24 self-employed	P00552219				
Preparer	Firm's name Abdo LLP				Firm's EIN 41-	-1397419				
Use Only	Firm's address 5201 Eden Ave, St	e 250								
	Edina, MN 55436				Phone no.952.	835.9090				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

See Schedule O for Organization Mission Statement Continuation

Par	t 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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
,	If "Yes," describe these changes on Schedule O.
1	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.
la	(Code:) (Expenses \$1,037,255. including grants of \$26,520.) (Revenue \$264,816.
	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.
	and rearn from ochers.
b	(Code:) (Expenses \$1,562,162. including grants of \$740,530.) (Revenue \$
	NAF is committed to funding cutting-edge basic and translational
	research into hereditary and sporadic ataxia. The goals of NAF's
	research program are to further elucidate the disease mechanisms of
	ataxias, bring early-career clinicians and scientists into ataxia
	research, and help drive the field towards developing treatments and a
	cure for ataxia. Annual grants are selected through a competitive
	review process that includes NAF's Medical and Research Advisory Board
	members and over 80 leading ataxia scientists and clinicians, both
	domestic and international.
	Tech were NAR were to the second from demostic and
	Each year NAF awards grants to researchers from domestic and
	international non-profit and for-profit institutions that directly
łc	(Code:) (Expenses \$1,188,427. including grants of \$982,290.) (Revenue \$570,833.
	Funding for several of NAF's other key clinical research programs are
	provided through the NAF Drug Development Collaborative (DDC). The DDC
	is a pre-competitive pharmaceutical industry consortium with a
	principal goal of accelerating the development of treatments for
	ataxia. The Collaborative provides a centralized source for access to
	resources needed to support research and development of Ataxia
	therapies. 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. Two significant programs that are largely
	sponsored by the DDC include:
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
10	Total program service expenses 3, 787, 844.
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2002	see Schedule O for Continuation(s)
	n
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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			77
-	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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
b		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	
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		Х
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			
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? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		л
р 21	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	200		
£ 1	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
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 National Ataxia Foundation Incorporated
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)
 (continued)

			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	Х			
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					
	Schedule K. If "No," go to line 25a					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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					
	"Yes," complete Schedule L, Part IV	28a		x		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200				
v	"Yes," complete Schedule L, Part IV	28c		x		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25				
50		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 requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i>	- 51				
32		32		x		
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23		
33		33		x		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		- 23		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x		
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
		358				
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h				
26	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?			x		
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36				
37		07		x		
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		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		
	Check if Schedule O contains a response or note to any line in this Part V		·····			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No		
		•				
b		•				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v			
	(gambling) winnings to prize winners?	1c	X QQA	(00000)		
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Form	990 (2023) National Ataxia Foundation Incorporate	d 41-0832	903	P	_{age} 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 21							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
			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).							
5a	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		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
Ua			6a		х				
h	•		Ua						
U	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch						
-	were not tax deductible?		<u>6b</u>						
7	Organizations that may receive deductible contributions under section 170(c).	viene www.ided.to.the never0	7.		х				
	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			37				
	to file Form 8282?	l	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			77				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
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?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>				
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	4						
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	4						
b	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	1041?	12a						
b	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: 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							
с		13c							
			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								
	excess parachute payment(s) during the year?		15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х				
	If "Yes," complete Form 4720, Schedule O.				_				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								
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 National Ataxia Foundation Incorporated
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 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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		-	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1	5						
	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?							
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				
h	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				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	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				
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	- 23					
		10-	х					
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
	on Schedule O how this was done	12c	X					
	Did the organization have a written whistleblower policy?	13	X					
	Did the organization have a written document retention and destruction policy?	14	X					
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		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	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						
Sect	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filedMN							
	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 onlv)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	jo oniy)	avana					
	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 organization made its governing documents, conflict of interest policy, a	nd finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Andrew Rosen - 763-553-0020							
	PO Box 27986, Minneapolis, MN 55427							
			ן 990					

Form 990 (2		2903	Page 1					
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.

Name and title Average hours per week filter mit at enclosure integet organization inter mit at enclosure integet organization Reportable compension from organization Estimated august of four related organization (1) Andrew Rosen 40.00 x 186,696. 12,376. (2) Auren More 40.00 x 186,696. 12,376. (2) Auren More 40.00 x 186,696. 12,376. (3) Joal Sutherland 40.00 x 189,726. 5,083. (3) Joal Sutherland 40.00 x 151,534. 7,856. (4) Samol Ritro 5.00 x x 0. 0. (3) Joal Sutherland 2.00 x x 0. 0. 0. (3) Joal Sutherland 2.00 x x 0. 0. 0. (3) Joan Mauro 2.00 x x 0. 0. 0. (3) Samol Ritro 2.00 x x 0. 0. 0. <th>(A)</th> <th>(B)</th> <th colspan="2">(C)</th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)	(C)		(D)	(E)	(F)				
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)													
(A) Name and title	(B) Average hours per week	box	not c , unle:	(C Posi heck r ss pers id a dii	nore son is	than c s both	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat inizati	ie tion ted
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(19) Mark Hazlin Board Member	2.00	x						0.		0.			0.
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1b Subtotal								527,956.		0.	2	5,3	15.
c Total from continuation sheets to Part VI	, Section A							0.					0.
d Total (add lines 1b and 1c)								527,956.		0.	2:	5,3	15.
2 Total number of individuals (including but no compensation from the organization	St limited to th	ose	liste	u ap	ove) wn	ore	ceived more than \$100,	000 of reportable				3
										ſ		Yes	No
3 Did the organization list any former officer,	-		•	•	•		Ŭ	• •			•		x
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or sı	ich p	berso	on .					5		X
Section B. Independent Contractors	nnoncotod inc	lana			tra	otor	in th	at reactived more than f	100 000 of comp		ion fro		
Complete this table for your five highest cor the organization. Report compensation for t	-	-								ensa		111	
(A) Name and business			ONE					(B) Description of s		С	(C omper		n
			_			_							
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	niteo	d to t	hos 0		ted	above) who received mo	ore than			000	

Form **990** (2023)

332008 12-21-23

Forn				ia Founda	ation Incom	rporated	41-0832	903 Page 9
Ра	rt V	111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<i>(</i>) ()	4	2	Federated campaigns 1a					30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
٦ ق				238,837.				
ifts, A			Related organizations 11					
a, Dila			Government grants (contributions) 1e					
ŝ			All other contributions, gifts, grants, and					
buti				844,382.				
o tri		gı	Noncash contributions included in lines 1a-1f					
a C		h '	Total. Add lines 1a-1f		<u>3,083,219.</u>			
				Business Code				
e	2	-	Drug Development Colla	900099	570,833.	570,833.		
Program Service Revenue		b (Conference income	900099	264,816.	264,816.		
o Se		с _						
ran ev		d _						
ро Бо		е.						
Δ.			All other program service revenue		0.05 640			
			Total. Add lines 2a-2f		835,649.			
	3		Investment income (including dividends, intere		72 720			
			other similar amounts)		73,728.			73,728.
	4		Income from investment of tax-exempt bond p					
	5		Royalties(i) Real	(ii) Personal				
	6							
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Nat rental income ar (loco)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
			Less: cost or other basis					
e			and sales expenses 7b					
venue			Gain or (loss) 7c					
			Net gain or (loss)					
Other Re			Gross income from fundraising events (not					
₿		i	including \$ 238,837. of					
		(contributions reported on line 1c). See					
		I	Part IV, line 18 8a	0.				
		bl	Less: direct expenses 8b	10,971.				
			Net income or (loss) from fundraising events		-10,971.			-10,971.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		C	Net income or (loss) from sales of inventory	Business Code				
sn	44	~		Business Code				
Jeo Ue	11							
scellaneo Revenue		b. c		<u> </u>				
Miscellaneous Revenue		с.	All other revenue					<u> </u>
ž			Total. Add lines 11a-11d	L				
	12		Total revenue. See instructions		3,981,625.	835,649.	0.	62,757.
33200					, , ,			Form 990 (2023)

10020502	759492	45674
10020302	155454	43074

Form 990 (2023)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).

0000	Check if Schedule O contains a respons				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21	1,318,020.	1,318,020.		
2	Grants and other assistance to domestic	1,510,020.	1,510,020.		
2		26,520.	26,520.		
•	individuals. See Part IV, line 22	20,520.	20,520.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	404,800.	404,800.		
	individuals. See Part IV, lines 15 and 16	404,000.	404,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	EE2 270	207 200	E2 /17	110 554
	trustees, and key employees	553,270.	387,299.	53,417.	112,554.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 500	C 4 0 075	07 000	100 000
7	Other salaries and wages	922,520.	648,075.	87,822.	186,623.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	146 400		10 051	22.054
9	Other employee benefits	146,488.	94,943.	18,271.	33,274.
10	Payroll taxes	109,128.	77,686.	9,732.	21,710.
11	Fees for services (nonemployees):	04 554	40 4 - 4		10 000
а	Management	91,671.	43,151.	38,198.	10,322.
b	Legal	5,640.	5,640.		
С	Accounting	15,605.		15,605.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	111,339.	52,409.	46,393.	<u>12,537.</u> 29,838.
12	Advertising and promotion	87,615.	11,925.	45,852.	29,838.
13	Office expenses	51,076.	8,889.	31,985.	10,202.
14	Information technology				
15	Royalties				
16	Occupancy	63,895.		63,895.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	804,642.	690,799.	44,865.	68,978.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,931.		12,931.	
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 averages on Sabadulo 0				
-	amount, list line 24e expenses on Schedule O.) Dues and subscriptions	80,410.	8,106.	22,422.	49,882.
a ⊾	Bank and credit card fe	48,615.	4,924.	43,691.	±J,004•
d	Miscellaneous	5,008.	3,640.	140.	1,228.
c	Professional developmen	4,377.	1,018.	2,859.	500.
d		4,3//•	<u> </u>	4,009.	500.
	All other expenses	4,863,570.	3,787,844.	538,078.	537,648.
25	Total functional expenses. Add lines 1 through 24e	4,003,3/0.	5,101,044.	530,0/0.	557,040.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023)
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Balance Sheet
Check if Schedule O contains a response or note to any line in this Part X

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1 060 164	1	550,112.
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	468,613.
	3	Pledges and grants receivable, net		3	100,0100
	4	Accounts receivable, net		4	6,438.
	5	Loans and other receivables from any current or former officer, director,			0,1001
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		Ŭ	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	255,729.
		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	1,065,945.	11	2,778,614.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	57,320.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,008,595.	16	4,116,826.
	17	Accounts payable and accrued expenses	470,035.	17	333,967.
	18	Grants payable		18	
	19	Deferred revenue	22,291.	19	109,810.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	00 (50		F0 100
		of Schedule D			<u>58,103.</u> 501,880.
	26	Total liabilities. Add lines 17 through 25	501,970.	26	501,000.
ş		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33.	2 /0/ 811	07	03/ 370
alaı	27	Net assets without donor restrictions	2,404,811. 2,021,806.	27	934,379. 2,680,567.
ар	28	Net assets with donor restrictions	2,021,000.	28	2,000,307.
'n		Organizations that do not follow FASB ASC 958, check here			
ъ Ш		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	<u> </u>
SSE	30 31			30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		31 32	3,614,946.
Ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances		32 33	4,116,826.
	33	וטנמו וומטווונופט מווע וופג מטפנט/וערוע שמומוונפט] 5,000,595.	აა	<u> </u>

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Form 990 (2023)

Form	National Ataxia Foundation Incorporated	41-	-0832903	Pag	_{ge} 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	3,981		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,863		
3	Revenue less expenses. Subtract line 2 from line 1	3	-881		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,426	5,62	17.
5	Net unrealized gains (losses) on investments	5	75	5 <u>,</u> 7(01.
6	Donated services and use of facilities	6			
7	Investment expenses	7	- 5	5,42	27.
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	3,614	<u>1,9</u>	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	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	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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(Fo	rm 99	O) the Treasury ue Service	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047 2023 Open to Public Inspection						
Nam	le of t	he organizati		anal Ataria	- Foundation	Theor	marat	- A		identification number 1-0832903	
Pa	rt I	Reason			a Foundation (All organizations must c					1-0032903	
					For lines 1 through 12, c				13.		
1					n of churches described)(A)(i).			
2					Attach Schedule E (Forn			-AA			
3					nization described in s		(b)(1)(A)(ii	i).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5											
~				Complete Part II.)	and a low the data set the set for			6.5			
6 7	X		-	-	nental unit described in ntial part of its support fi				no general r	ublic described in	
'		0		omplete Part II.)		om a gove			ie general p		
8		-			1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
		university:									
10		-		•	than 33 1/3% of its supp					•	
					t to certain exceptions; a (less section 511 tax) fro					-	
				mplete Part III.)			SCS acqui		ganization a		
11					vely to test for public sa	fety. See	section 50)9(a)(4).			
12		-	-	-	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) c	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а				-	upervised, or controlled	• • •	-				
		• •	0	., .	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting	
b		٦ Ŭ		complete Part IV, Se	or controlled in connect	tion with its	s sunnorte	d organizatio	n(s) by hav	ina	
, D	L			-	anization vested in the sa			-		-	
			0	t complete Part IV,		· - · ·			3		
с		Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its supporte	ed organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.			
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)	
				0	ation generally must sat	•		-	an attentiv	veness	
~		-			nplete Part IV, Sections vritten determination fro						
е	L		•		nally integrated supporti			турет, туре	п, туре п		
f	Ente	r the number (
g	Prov	ide the followi	ng informatior	about the supporte							
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other	
		organization			above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)	

Total

Schedule A (Form 990) 2023 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2593142.	2419359.	2110797.	3415910.	3083219.	13622427.
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 \dots						
4	Total. Add lines 1 through 3	2593142.	2419359.	2110797.	3415910.	3083219.	13622427.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2227486.
	Public support. Subtract line 5 from line 4.						11394941.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2593142.	2419359.	2110797.	3415910.	3083219.	13622427.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	57,239.	56,917.	68,653.	70,303.	73,728.	326,840.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13949267.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,648,484.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			rr	
14	Public support percentage for 2023 (I					14	81.69 %
15	Public support percentage from 2022					15	90.68 %
1 6a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage			· · ·	
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	$33 1/3\%$, and line 1^{2}	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
3320	23 12-21-23					Schedule A	A (Form 990) 2023

15 2023.03040 NATIONAL ATAXIA FOUNDATIO 45674__1 Schedule A (Form 990) 2023

Part IV | Supporting Organizations

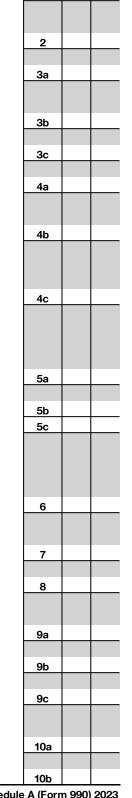
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 National Ataxia Foundation Incorporated 41-0832903 Page 5 Part IV Supporting Organizations (continued)

					001101100	/ G /										
															Yes	No
11	Has the organiza	tion acc	epted a gif	t or con	tribution	from any	ny of the	e followin	g persons	s?						
а	A person who di	rectly or	indirectly c	ontrols	, either al	one or to	together	r with pe	rsons des	cribed c	n lines 1	1b and				
	11c below, the g	overnin	body of a	suppor	ted orgar	nization?	1?							11a		
b	A family member	of a pe	rson descril	bed on	line 11a a	above?								11b		
с	A 35% controlled	l entity (of a person	describ	ed on line	e 11a or ⁻	or 11b ab	oove? If	"Yes" to I	ine 11a,	11b, or 1	1c, provid	de			
	detail in Part VI.										,			11c		
Sec	tion B. Type I	Supp	orting Or	ganiz	ations											

			Yes	No
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 "No," describe in Part VI 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		

Section C. Type II Supporting Organization	ons

 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).
 Image: Trustees of each of the organization's support of organization (s)? If "No," describe in Part VI how control or managed

Section D. All Type III Supporting Organizations	

		_	Yes	No
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		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- 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.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governm	ental entity (see instruction <u>s).</u>
-----	--	-------------------------	-------------------------	--

- 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.*

Schedule A (Form 990) 2023

No

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17 2023.03040 NATIONAL ATAXIA FOUNDATIO 45674__1

_	dule A (Form 990) 2023 National Ataxia Foundat			41-0832903 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.					
Sect	Section 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting o	rganization (see				

instructions).

Schedule A (Form 990) 2023

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National Ataxia Foundation Incorporated 41-0832903 Page 7

	dule A (Form 990) 2023 National Atax:	ia Foundation	Incorporated	1 4	1-0832903	Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	a)(3) Supporting Org	anizations (continu	ued)		
Sect	on D - Distributions			<u> </u>	Current Yea	ir
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp					
	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> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsiv	'e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10	()	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributabl Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	Nationa	1 Ataxia	Foundation	Incorporated	41-0832903 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Prov I, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explanat 1c, 5a, 6, 9a, 9b, art IV, Section E	ions required by Part I 9c, 11a, 11b, and 11c , lines 1c, 2a, 2b, 3a, a	l, 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,
	(See instructions.)					
332028 12-21-2	3					Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	National .	Ataxia	Foundation	Incorporated	41-0832903
Organization type (cl	heck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter	number) organization		

	4947(a)(1) nonexempt charitable trust not 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 ______\$

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).

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

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National Ataxia Foundation Incorporated

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>500,000.</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
2		\$612,044.	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
3		\$95,693.	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
4		\$215,000.	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
5		\$ <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
<u>6</u> 323452 12-26		\$100,699.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

National Ataxia Foundation Incorporated

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>200,000.</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
8		\$ <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
9		\$ <u>67,201.</u>	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>114,578.</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
11		\$ <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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	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
		\$	

Schedule B (Form 990) (2023)

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National Ataxia Foundation Incorporated

Name of organization

Employer identification number

41-0832903

Schedule	B (Form 990) (2023)				Page 4
Name of o	organization				Employer identification number
Natio	nal Ataxia Foundation I	ncorporated			41-0832903
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations descriants through (e) and the following charitable, etc., contributions of \$	ng line entry. For ord	anizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
Part I					
		(e) Transt	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held
	Turneferrels neuro editores e	(e) Transi		lationalia of the	
	Transferee's name, address, a				nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
Part I					
		(e) Transt	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee
303454 12-26					Schedule B (Form 990) (2023)

323454 12-26-23

Schedule B (Form 990) (2

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26 2023.03040 NATIONAL ATAXIA FOUNDATIO 45674__1

SCHEDU	JLE 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		d Funds or Other Similar Funds o	or Acco	unts. Comp	olete if the	
	organization answered "Yes" on Form 990, Part IV, line		(1-) [-
		(a) Donor advised funds	(a)	Funds and othe	er account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4 5	Aggregate value at end of year Log between the organization inform all donors and donor advisors in v	writing that the apparts hold in depart advisor	d fundo			
5	are the organization's property, subject to the organization's e				Yes	No
6	Did the organization inform all grantees, donors, and donor ad				163	
U	for charitable purposes and not for the benefit of the donor or					
			0		Yes	No
Par						
1	Purpose(s) of conservation easements held by the organization		,			
	Preservation of land for public use (for example, recreat		a historica	ally important l	and area	
	Protection of natural habitat	Preservation of a				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a consei	vation easeme	ent on the	last
	day of the tax year.			Held at the	End of the	Tax Year
а	Total number of conservation easements		2	a		
b	Total acreage restricted by conservation easements		2	b		
С	Number of conservation easements on a certified historic stru	icture included on line 2a	2	c		
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organizati	on during the t	ax	
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri				× 1	
~	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	landing of violations, and emorcing conse	rvation ea	asements duni	ig the yea	ſ
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n essem	ents during th	e vear	
•				onto during th	e yeu	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4	4)(B)(i)			
					Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that de	escribes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simi	ilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	d balance	e sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance	of public		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items				
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of	public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
~	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treater following an experimentation of the following and	,	gain, prov	ride		
_	the following amounts required to be reported under FASB AS	-		¢		
	Revenue included on Form 990, Part VIII, line 1					
-	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			⊸ Schedule I	D (Form 9	90) 2023
	09-28-23	ion i onn 330.		Schedule	8 (1 0 11) 9	501 2023
33203	00-20-20	27				

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		<u>l Ataxia F</u>						41-08			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or (Other S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, checł	k any of the	following that m	nake signi	ificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌	Loan or exc	change program	n					
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further th	he organization'	s exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or other s	similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	- '	ete if the	organizatio	n answered "Ye	s" on For	m 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or c	ustodial accoun	t liability?	· · · · · ·	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization an	1								
		(a) Current year	(b) F	Prior year	(c) Two years	back (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1)	a. column (a)) held as:						
a	Board designated or quasi-endowment	•	%	3, (-	,,,						
b	Permanent endowment	%									
		%									
· ·	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation the	at are held a	nd administered	t for the					
ou	organization by:								l	Yes	No
	5								3a(i)		
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requi	irod on S	chodulo P2					3b		
1	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm		JWITTELL	iunus.							
	Complete if the organization answered		0 Part I	/ line 11a S	See Form 990 F	Part X line	e 10				
		(a) Cost or						d			
	Description of property	basis (invest			t or other (other)	(c) Accu depre	ciation		(d) Bool	(value	e
4 -	Land		mony	04315		depre	SIGUI				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>t X. line 1</u>	<u>0c. column</u>	<u>(B))</u>						0.
							:	Schedule	D (Form	ı 990)	2023

Part VII) (Form 990) 2023 National At	axia Foundatio	on Incorporated	41-0832903 Page 3
	Complete if the organization answered "Yes'			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)	(b) must equal Form 000, Dart V, line 12, col. (D)			
Part VIII	 (b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related. Complete if the organization answered "Yes" 	on Form 990 Part IV line	1	3
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. ((b) must equal Form 990, Part X, line 13, col. (B))			
	Other Assets			
Total. (Col. (Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX	Other Assets Complete if the organization answered "Yes'	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15	5. (b) Book value
Total. (Col. (Part IX	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a	Description		
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (a) (a) (a) (a) (a) (Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (a) (a) (a) (a) (a) (Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1.	Other Assets Complete if the organization answered "Yes" (a 	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fec	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, co (b) must equal Form 990, Part X, line 15, co (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) Le	Other Assets Complete if the organization answered "Yes" (a 	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X [1. (1) Fec (2) Le (3)	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, co (b) must equal Form 990, Part X, line 15, co (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fec (2) Le (3) (4)	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, co (b) must equal Form 990, Part X, line 15, co (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fec (2) Le (3) (4) (5)	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, co (b) must equal Form 990, Part X, line 15, co (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) Le (3) (4) (5) (6) (6) (6)	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, ca (b) must equal Form 990, Part X, line 15, ca (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fec (2) Le (3) (4) (5) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, ca (b) must equal Form 990, Part X, line 15, ca (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (7) (8) (9) Total. (Col. (7) (6) (2) Leftic (6) (3) (4) (5) (6) (7) (6) (7) (8) (6) (7) (8) (7) (8) (6) (7) (8) (7) (8) (6) (7) (8) (7) (8) (7) (8) (7) (6) (7) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, ca (b) must equal Form 990, Part X, line 15, ca (c) (c) (c) (c) (c) (c) (c) (c)	Description		(b) Book value
Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fec (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" (a (a (a) (a) (a) (b) must equal Form 990, Part X, line 15, ca (b) must equal Form 990, Part X, line 15, ca (c) (c) (c) (c) (c) (c) (c) (c)	Description	11e or 11f. See Form 990, Part X,	(b) Book value

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Schedule D (Form 990) 2023

_	dule D (Form 990) 2023 National Ataxia Foundation				0832903 Page 4
Pa	t XI 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				1	4,184,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, <u> </u>
а	Net unrealized gains (losses) on investments	2a	75,701.		
b	Donated services and use of facilities		121,917.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	197,618.
3	Subtract line 2e from line 1			3	3,987,169.
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	5,427.		
b	Other (Describe in Part XIII.)	4b	-10,971.		
с	Add lines 4a and 4b			4c	-5,544. 3,981,625.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,981,625.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,996,458.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	121,917.		
b	Prior year adjustments	2b		_	
с	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d	10,971.		
е	Add lines 2a through 2d			2e	132,888.
3	Subtract line 2e from line 1			3	4,863,570.
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	. 4a		_	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,863,570.
I D -	t VIII Cumplementel Information				
Ра	t 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 2d - Other Adjustments:

Fundraising expenses

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10,971.

-10,971.

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer	identification number
National Ataxia	a Foundat:	ion Inco:	rporated		41-083	
Part I General Info Form 990, Part		ctivities Out	side the United States. Compl	ete if the organ	ization answ	ered "Yes" on
1 For grantmakers. Doe	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside the
	The following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service specific typ (s) in the regi	e expenditures for and investments
East Asia and the						
Pacific - Australia,						
Brunei, Burma,			Research grants to			
Cambodia,	0	0	recipients in the region	Research Gr	ants	50,000.
Europe (Including						
Iceland & Greenland)						
- Albania, Andorra,			Research grants to			
Austria, Belgium	0	0	recipients in the region	Research Gr	ants	285,000.
North America -						
Canada and Mexico,						
but not the United			Research grants to			
States	0	0	recipients in the region	Research Gr	ants	69,800.
	0	0				404 800
3 a Subtotal						404,800.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a	0					0.
and 3b)	0	0				404,800.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America -						
		Canada and	Research grants to					
		Mexico, but not	recipients in the					
		the United States	region	19,800.	Transfer	٥.		
		North America -						
		Canada and	Research grants to					
		Mexico, but not	recipients in the					
		the United States	region	50,000.	Transfer	٥.		
		Europe (Including						
		Iceland &	Research grants to					
		Greenland) -	recipients in the					
		Albania, Andorra,	region	50,000.	Transfer	٥.		
		Europe (Including						
		Iceland &	Research grants to					
		Greenland) -	recipients in the					
		Albania, Andorra,	region	100,000.	Transfer	٥.		
		Europe (Including						
		Iceland &	Research grants to					
		Greenland) -	recipients in the					
		Albania, Andorra,	region	35,000.	Transfer	٥.		
		Europe (Including						
		Iceland &	Research grants to					
		Greenland) -	recipients in the					
		Albania, Andorra,	region	50,000.	Transfer	٥.		
			Research grants to					
		East Asia and the		_				
		Pacific	region	50,000.	Transfer	٥.		
		Europe (Including						
			Research grants to					
		Greenland) -	recipients in the					
		Albania, Andorra,	region	50,000.	Transfer	٥.		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

8

0

Page 2

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) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1			

Schedule F (Form 990) 2023

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

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

Schedule F (Form 990) 2023

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Schedule F (Form 990) 2023 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 up, avecanditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
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.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service	Inspection						
Name of the organization		l Ataxia Foundatio	n Tr	າດດາ	rporated	41-08	identification number
Part I Fundrais		Complete if the organization answe					
	complete this part						
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written o		ation of ation of I fundra I (includ	non-g gover iising of	overnment grants nment grants events ficers, directors, trust	·	Yes 🗌 No
		viduals or entities (fundraisers) pursu	ant to a	agreer	ments under which th	ne fundraiser is t	o be
compensated at le	ast \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total			<u></u>				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contribu	utions	or has been notified	it is exempt fror	n registration

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

Schedule G (Form 990) 2023

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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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

						<u>g. ca.c.</u>
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Walk n Roll			
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	238,837.			238,837.
ш	2	Less: Contributions	238,837.			238,837.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,836.			10,836.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				135.
	10					10,971.
		Net income summary. Subtract line 10 from li				-10,971.
Pa	rt		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
se	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	Νο	
	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)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				
b	ls ⁻	the organization licensed to conduct gaming ad				
	ls ⁻	No," explain:			vear?	Yes No
10a	ls If ' We		evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
10a	ls If ' We	No," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
10a b	Is If We If	No," explain:	evoked, suspended, or te	rminated during the tax y		Yes No

Scheo	dule G (Form 990) 2023	National	Ataxia	Foundation	Incorporated	41-0832903 Page 3
11 [Does the organization conduct ga	aming activities with	nonmember	s?		Yes No
12 Is	s the organization a grantor, ben	eficiary or trustee o	f a trust, or a	member of a partnersh	nip or other entity formed	
t	o administer charitable gaming?					
	ndicate the percentage of gaming					
a T	The organization's facility					13a %
	An outside facility					
14 E	Enter the name and address of th	e person who prep	ares the orgar	nization's gaming/spec	cial events books and recor	ds:
١	Vame					
	Address					
15 a [Does the organization have a con	tract with a third pa	arty from who	n the organization rec	eives gaming revenue?	Yes
b li	f "Yes," enter the amount of gam	ing revenue receive	ed by the orga	nization \$	and the an	nount
c	of gaming revenue retained by the	e third party \$				
c li	f "Yes," enter name and address					
١	Name					
A	Address					
16 (Gaming manager information:					
١	Name					
C	Gaming manager compensation	\$				
0	Description of services provided					
				7		
	Director/officer	Employee		Independent contra	ctor	
	Mandatory distributions:					
	s the organization required under	r state law to make	charitable dis	tributions from the ga	ming proceeds to	
	etain the state gaming license?					
	Enter the amount of distributions	•		stributed to other exe	mpt organizations or spent	in the
Part	organization's own exempt activit					
Fait						; and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also p	rovide any add	altional information. S	ee instructions.	
330000	09-13-23					Schedule G (Form 990) 2023
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<u>Schedule</u> G	6 (Form 990)	National A	taxia Foundatio	n Incorporated	41-0832903 Page
Part IV	Supplemental Inf	ormation (continued)			
					Schedule G (Form 99

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SCHEDULE I (Form 990)		arants and Oth					OMB No. 1545-0047			
(Form 990)		vernments, an lete if the organization					2023			
Department of the Treasury Internal Revenue Service	Comp	-	Attach to Form .gov/Form990 for	n 990.			Open to Public Inspection			
Name of the organization National Ataxia Foundation Incorporated Employer identification number 41-0832903										
Part I General Information on Grants a	Ind Assistance									
1 Does the organization maintain records criteria used to award the grants or assis	stance?				•					
2 Describe in Part IV the organization's pro										
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			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
Baylor College of Medicine										
One Baylor Plaza Houston, TX 77030	74-1613878	50103	50,000.	٥.			Research			
	/4 10130/0	50105	50,000.				Kesearch			
Columbia University New York 615 West 131st St 3rd Fl										
New York, NY 10027	13-5598093	501c3	70,550.	٥.			Research			
Duke University Medical Center PO BOX 104132	56-0532129	E01-2	50,000.	0.			Research			
Durham, NC 27708	50-0552129	50105	50,000.	0.			Research			
Houston Methodist Research Institute - PO Box 4805 - Houston, TX 77210	76-0094743	501c3	46,450.	0.			Research			
Johns Hopkins University Department of Neurology - 1101 E 33rd St, Ste B001 - Baltimore, MD 21218	52-0595110	501c3	53,100.	0.			Research			
	52 0595110	50103	55,100.	0.			NCDGal CII			
Massachusetts General Hospital 125 Nashua St Suite 540										
Boston, MA 02114	04-1564655	501c3	89,400.	0.			Research			
2 Enter total number of section 501(c)(3) a		-	e line 1 table							
3 Enter total number of other organization	s listed in the line ⁻	1 table					0.			

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

Schedule I (Form 990) 2023

Schedule I (Form 990) National Ataxia Foundation Incorporated

41-0832903 Page

Part II Continuation of Grants and Other		mestic Organizations			edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University							
633 Clark St							
Evanston, IL 60208	36-2167817	501c3	37,000.	0.			Research
Regents of the University of				.			
California, Los Angeles - 635							
Charles E. Young Dr S - Los							
Angeles, CA 90095	95-6006143	501c3	94,800.	0.			Research
	55 0000145	50105	54,000.	0.			Kesearch
Regents of the University of							
Michigan - 5082 Wolvertine Tower -							
Ann Arbor, MI 48109	38-6006309	50103	193,442.	0.			Research
Ann Albor, MI 40109	38-0000303	50105	195,442.	0.			Research
The University of Chicago							
6054 South Drexel Avenue							
	26 21 771 20	F 01 - 2	24.600	0			
Chicago, IL 60637	36-2177139	50103	34,600.	0.			Research
University of California San							
Francisco - 550 16th St, Floor 4 -		F 0.1 - D					
San Francisco, CA 94143	94-6036493	501c3	39,900.	0.			Research
University of Florida Department							
of Neurology - PO Box 100158 -							
Gainesville, FL 32611	59-6002052	501c3	67,400.	0.			Research
University of South Florida							
4202 E Folwer Ave SVC 1039				_			L.
Tampa, FL 33620	59-3102112	501c3	106,117.	0.			Research
University of Texas Southwestern							
5323 Harry Hines Blvd							L.
Dallas, TX 75390	75-6002868	501c3	147,450.	0.			Research
Jniversity of Pennsylvania							
Franklin Building, 5th floor, 3451							
Walnut Street – Philadelphia, PA							
19104	23-1352685	501c3	22,850.	Ο.			Research

Schedule I (Form 990)

Schedule I (Form 990) National Ataxia Foundation Incorporated

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- 	0032303	Pade I

art 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
niversity of Washington/UPIC							
300 Roosevelt Way NE Box 354965							
eattle, WA 98105	91-6001537	501c3	20,297.	0.			Research
ale University							
Whitney Avenue 6th Floor							
ew Haven, CT 06520	06-0646973	501c3	25,000.	0.			Research

Schedule I (Form 990)

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.
 Part III can be duplicated if additional space is needed.
 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
Conference Attendee Travel Grant	42	26,520.	0.								
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.							
Part I, Line 2:											
Grant applications are screened by	a multi-	level scie	ntific pan	el and							
ranked. Recommendations are then p	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.	completion of the research project. For the two SCA Research Programs, a										
written progress report is also to	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 research project. When a paper or exhibit by an awardee, based on								

Schedule I (Form 990) National Ataxia Foundation Incorporated Part IV Supplemental Information	41-0832903	Page 2
exhibits and press releases shall carry a credit line to the	National	
Ataxia Foundation. Research awards are for direct costs only		be
	<u>ana oumoo</u>	20
used for indirect costs or institutional overhead.		
	Oshashiki 1/2	
332291 04-01-23	Schedule I (F	orm 990)

04-01-23

SCHEDULE J Compensation		Compensation Information	I	OMB No. 1	1545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		
	Compensated Employees			ZU	ZJ)
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization	1		identificatio		mber
		National Ataxia Foundation Incorporated	41-0	083290	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
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 organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c	•	eive payment from an equity-based compensation arrangement?				x
-	-	les 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 compensation	n			
	contingent on the r					
а	-			5a		X
		ation?				X
		r 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 compensatic	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	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, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2023

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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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable 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) Andrew Rosen	(i)	186,696.	0.	0.	8,654.	3,722.	199,072.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Lauren Moore	(i)	189,726.	0.	0.	3,180.	1,903.	194,809.	0.
VP and Chief Scientific Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Joel Sutherland	(i)	151,534.	0.	0.	2,260.	5,596.	159,390.	0.
VP of Development	(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)							

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) 2023

SCHEDULE O (Form 990)

Name of the organization

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.



National Ataxia Foundation Incorporated

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

living with Ataxia.

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

support basic and translational ataxia research through the following

funding mechanisms:

1. Pioneer SCA3 Translational Research Awards: Annually granted to

outstanding research proposals that aim to make significant

advancements in the development of treatments and/or improvements to

patient care for Spinocerebellar Ataxia Type 3 (SCA3). Proposals may

incorporate other forms of ataxia but must have a predominant focus on

SCA3 translational or clinical research.

2. Seed Money Research Grant: Granted primarily as "seed monies" to

assist investigators in the early or pilot phase of their studies and

as additional support for ongoing investigations on demonstration of

need. It is hoped that these studies will be further developed to

attract future funding from other sources.

3. Post-doctoral Fellowship Award: Post-doctoral fellowship awards are

to serve as a bridge from post-doctoral positions to junior faculty

positions. Applicants should have completed at least one year of

post-doctoral training, but not more than two at the time of

application and should have shown a commitment to research in the field

of ataxia. The award will permit individuals to spend an additional

third year in a post-doctoral position and increase chances to

establish an independent ataxia research program.

 4. Early Career Investigator Award: The Early Career Investigator Award

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

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Schedule O (Form 990) 2023	Page 2
Name of the organization National Ataxia Foundation Incorporated	Employer identification number 41-0832903
was created to encourage early career clinical and scienti	fic
investigators to pursue a career in the field of ataxia re	search.
5. Pre-doctoral Fellowship to Promote Diversity in Ataxia	Research:
Merit-based award intended to enhance research and/or clin	ical training
of promising graduate students from historically underrepr	esented
backgrounds who are matriculated in pre-doctoral or clinic	al health
professional degree training programs and who intend caree	rs as
scientists or other clinician-scientists within the field	of ataxia.
6. National Ataxia Foundation Graduate Research Fellowship	: The
National Ataxia Foundation Graduate Research Fellowship is	a
competitive, non-renewable, merit-based award intended to	encourage
pre-doctoral students to pursue research and a career in t	he field of
ataxia.	
7. NAF Special Grants: Based on the emergent needs of the	patient and
research community, priority areas of ataxia research may	be identified
as eligible for specialized grant funding by NAF and may b	e awarded
outside of the annual grant programs.	
In addition to NAF annual grants, NAF sponsors several cli	nical
research programs that aim to drive advancements in the at	axia research
field and prepare the ataxia community for future clinical	trials. One
of these programs is the Ataxia Tissue and Brain Donation	Program. NAF
and the University of Florida's Center for NeuroGenetics (CNG) work
together to maintain a repository of brain and spinal cord	tissue from
ataxia donors. This tissue is available to SCA researchers	to help
advance our understanding of these diseases and to develop	new
therapies. NAF sponsors both the costs of tissue donation	and
maintenance costs of the brain and tissue bank.	
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Form 990, Part III, Line 4c, Program Service Accomplishments: 1. No-cost Genetic Counseling and Testing Initiative: This program provides virtual genetic counseling and testing for individuals at-risk for three of the most common dominant ataxias to members at no-cost to participants. The aim of this program is to help individuals overcome barriers that have historically inhibited wide-spread genetic testing as well as support drug development through expanding the patient population eligible for future clinical trials. 2. Clinical Research Consortium for the Study of Cerebellar Ataxia (CRC-SCA) Natural History Study: The CRC-SCA is one of the longest running and largest natural history studies of spinocerebellar ataxias (SCAs). A natural history study collects data that shows how a specific disease progresses in individuals over time. Natural history studies are essential for developing clinical trial designs that will facilitate drug development. There are over 300 patients enrolled at 16 CRC-SCA sites in the US and Canada. During annual visits, site investigators collect critical clinical data to aid in understanding disease progression and help guide future clinical trial design. Biofluids, such as plasma, serum, and cerebrospinal fluid, are also collected from patients and stored at the NINDS SCA-BRAC biorepository. Both deidentified clinical data and biofluids are available for request from non-participating investigators for approved research projects.

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

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

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

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Schedule O (Form 990) 2023	Page 2					
Name of the organization National Ataxia Foundation Incorporated	Employer identification number 41-0832903					
The form 990 is prepared by the Certified Public Accountant with the help						
of the Chief Executive Officer. 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						
Internal Revenue Service.						

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: Chief Executive Officer'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 Chief Executive Officer annually evaluates the performance of employees in a written reported saved in each employee's permanent file. The Chief Executive Officer has a salary budget as set by Schedule O (Form 990) 2023 51

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2023.03040 NATIONAL ATAXIA FOUNDATIO 45674_1

Schedule O (Form 990) 2023	Page 2
Name of the organization National Ataxia Foundation Incorporated	Employer identification number $41 - 0832903$
the full Board of Directors. The Chief Executive Officer ha	
discretion on the percentage of pay raises to individuals	not to exceed the
approved budget.	
Form 990, Part VI, Section C, Line 19:	
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.	
Form 990, Part XII, Line 2c:	
The Foundation's Finance Committee is responsible for th or	versight of
the audit.	