Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2022

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury

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

Internal Revenue Service Inspection , 2022, and ending , 20 For the 2022 calendar year, or tax year beginning Α C Name of organization FRAXA Research Foundation, Inc. Check if applicable: D Employer identification number R \square Address change Doing business as 04-3222167 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 10 Prince Place 203 (978)462-1866 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Newburyport, MA 01950 **G** Gross receipts \$2,751,979. Amended return H(a) Is this a group return for subordinates? See X No Application pending F Name and address of principal officer: Katherine N. Clapp, 10 Prince Place, Suite 203, Newburyport, MA 01950 H(b) Are all subordinates included? 🗌 Yes 🗌 No) (insert no.) 4947(a)(1) or 527 Tax-exempt status: **X** 501(c)(3) If "No," attach a list. See instructions. 501(c) (J Website: H(c) Group exemption number www.fraxa.org Form of organization: X Corporation Trust Association Other 1994 M State of legal domicile: MA κ L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: FRAXA's mission is to find effective 1 treatments and ultimately a cure for Fragile X syndrome. Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 10 . . 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 . . . 6 6 115 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a . . Ο. Net unrelated business taxable income from Form 990-T, Part I, line 11 h 7b Ο. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 2,019,897. 1,695,420. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52,142 271,800. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 -1,731 50,821. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,070,308 2,018,041. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 980,025 1,467,225. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,534 337,690. Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a 56,290. Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 123,149. 93,201. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,387,708. 1,898,116. 19 Revenue less expenses. Subtract line 18 from line 12 682,600. 119,925. Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 3,915,887. 3,531,781. 21 9,338. Total liabilities (Part X, line 26) . 13,816. Net 22 Net assets or fund balances. Subtract line 21 from line 20 3,902,071. 3,522,443.

Signature Block Part II

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.

_			05/08/2023						
Sign	Signature of officer		Date						
Here	Katherine Clapp, President Kalunn Map								
	Type or print name and title								
Paid	Print/Type preparer's name Preparer's signature	Date	Check if	PTIN					
Preparer	Daniel E. Schaffner, CPA	05/11/2	023 self-employed	P00796903					
Use Only			Firm's EIN 04-3	3447507					
	Firm's address 8 ESSEX STREET, NEWBURYPORT, MA 01950		Phone no. (978)4	462-2161					
May the IR	S discuss this return with the preparer shown above? See instructions .			🛛 Yes 🗌 No					
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 04/29/23 PRO Form 990 (2022)									

Form 99	0 (202	22)		Page 2
Part		Statement of Program Service Accomplishments		
1	Brief	Check if Schedule O contains a response or note to any line in this Part III		· []
•		AXA's mission is to find effective		
		eatments and ultimately a cure for Fragile X syndrome.		
2	Did	the organization undertake any significant program services during the year which were not listed on the		
			Yes	🗙 No
		es," describe these new services on Schedule O.		
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program vices?	_	
		/es," describe these changes on Schedule O.	Yes	X NO
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants and allocations are required to report the amount of grants		
		total expenses, and revenue, if any, for each program service reported.		
4a	(Coc	de:) (Expenses \$ 1,665,618. including grants of \$1,467,225.) (Revenue \$	0.)
		raise funds for the direct funding of grant research for the purpose		
	<u>of</u>	finding treatment and cure for Fragile X.		
4b		de:) (Expenses \$107,218. including grants of \$0.) (Revenue \$		
		fund programs for the purpose of educating the general public about		
		agile X.		
4c	(Coo	d_{2} $(E_{x}) = 0$ including grapts of f $(P_{2}) = 0$		<u> </u>
40	(Coc	de:) (Expenses \$including grants of \$) (Revenue \$))
4d	Othe	er program services (Describe on Schedule O.)		
		penses \$ including grants of \$) (Revenue \$)		
4e		al program service expenses 1,772,836.		

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
• •	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b	×	

Form 99	90 (2022)		l	Page 4
Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related exemption? If "Yes," complete Schedule R, Part V, line 2.	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37 38	×	×
Part				
	· · · ·		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a4Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part W Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 28 Enter the number of amplyones reported on Form W-3, Transmittal of Wage and Tax 2 4 4 4 30 Enter the number of amplyones reported to inde 2a, dith the organization fina all enquired fideral emplyonment tax returns? 3a X 31 Dit the organization have unvalued business gross income of \$1,000 or more during the yaar? 3a X 34 At any time during the calendar year, did the organization have an interest in, or a signature or other athonity over a financial account in a foreign country (such as bank account, securities account)? 4a X 55 Was the organization have an bank account securities account? 5a X 56 Does the organization have an analy cose a party to a prohibited tax shells? 5a X 61 Yes, "did the organization have an aperty to a prohibited tax shells?" 5a X 61 Yes, "did the organization have an aperty to a prohibited tax shells?" 5a X 63 Dis any transmited VWB approhibited tax shells?" 5a X 64 Dis any transmited VWB approximation and party to a prohibited tax shells?" 5a <t< th=""><th>Form 99</th><th></th><th></th><th>I</th><th>Page 5</th></t<>	Form 99			I	Page 5
Statements, filed for the calendar year ending with or within the year covered by this returm ? 2a 4 If at least one is reported on line 2a, dift the cognization file all required factorial employment tar returms? 3b 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa 16 * Yeas, "hast filed a form good the the sequentities account, or other authority over, a fancal account is forwing neoutry (such as a bank account, securities account, or other financial Accounts (FBMP) 5a Xa b dri any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction and extreme it is a contributions of the were not tax deductible as charitable contributions of the organization include with every soliclation an express statement that such contributions of the reganization receive a payment in secosis of \$7 mole party and it for good and services provided to the payr? 7a Xa b Did the organization include with every soliclation an express istatement that such contributions of the reganization receive a payment in excess of \$7 mole parts at a contribution and party for good and services provided to the payr? 7a Xa c Did the organization include with every soliclation an express istatement that such contract? 7a 7a Xa c Did the organization notif	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b frat least one is reported on line 2a, did the organization file al required federal employment tax return? 2b X b ft organization have unrelated business gross income of \$1.000 rmme dung the year? 3b X b ft "Yes," has it filed a Form 990-T for this year? if Yw1 to line 2b, provide an explanation on Schedule 0 3b X b ft "Yes," and it is the dung the calendary year, did he organization have an interest in no a signature or other authority over, a financial account? 3b X b ft "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 1 5a X c ft "Yes," is line 5a or 5b, did the organization line were sole tax deductibles a charitable contributions? 5a c Organization shet are yreceive deductible contributions under section 170(c). 6a X d ft "Yes," indicate the number of Forms 2822 find during the year? 7a X d ft "Yes," indicate the number of Forms 2822 find during the year? 7d 7a X d ft "Yes," indicate the number of Forms 2822 find during the year? 7d X 7d X	2a				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	b		2b	x	
b If "Yes," has it field a Form 990-T for this year? If "Wo" to line 2b, provide an explanation on Schedule O. 3b. d At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a financial account? 3b. 4a. × b If "Yes," mark the name of the foreign country (such as a bank account, securities account, or other financial Accounts? 5a. × 5a Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5a. × 5b Did any tixeole party notify the organization that it was or a party to a prohibited tax shalter transaction? 5b. × 6 Does the organization include with very solicitation an express statement that such contributions? 5b. × 6 T'Yes," did the organization include with very solicitation an express statement that such contributions or grists were not tax deductible? 6c. 7a. × 7c Organization state may receive deductible contributions under section 170(c). a) Did the organization notify the donor of the value of the quess of the solicitation and partly for goods and services provided to the payor? 7a. × 7d T'Yes," indicate the number of Forms 8282 filed during the year 7d. 7r. × 7d T'Yes," indicate the number of Forms 8282 filed	_				×
4a At any time during the calendar year, did the organization have an interest in, or a signature or other attancial account; a fouring account; such as a bank account, securities account, or other financial account; or the foreign county year of the foreign county year of the foreign county year other financial account; or other financial accoun; or other financial accoun; account; or other financial	_				
b If "Yes," enter the name of the foreign country 5a Wes the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5a b) Did any taxable party not prohibited tax shelter transaction at any time during the tax year? 5b Most the organization aprity to a prohibited tax shelter transaction? 5c 6a X 6b Obes the organization have annual gross receipts that are normally greater than \$100.000, and idd the organization neutration (include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization necive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a x 7 M'Yes," did the organization neceive a payment in excess of \$75 made personal property for which it was required to file form 2822? 7c x 7 M'Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c x 7 T'Yes," indicate the number of Forms 8282 filed during the year? 7d 7e x 7 M the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7h x	_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAF). Sa 50 Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? So 60 Dest the organization name annual gross receipts that are normally greater than \$100,000, and did the organization instude with every solicitation an express statement that such contributions? Sc 61 ''Sc Ge 7 Organization static my receive deductible contributions and persist statement that such contributions or gifts were not tax deductible? Ge 7 ''Toganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Te ''Te c) Did the organization necelve any purptice dispose of tangible personal property for which it was required to file form 282? Te ''Te c) Did the organization necelve any funds, directly or indirectly, on a personal benefit contract? Te ''Te c) Did the organization receive any tank and transmittion day any time during the year? Te ''Te d) If 'Yes,'' indicate the number of Forms 8282 field during the year? Te ''Te ''Te d) Did the organization cevelve any tank, directly or indirectly, on a personal benefit contract? ''Te ''Te ''Te ''Te ''Te '			4a		×
5a Was the organization a party to a prohibiled tax shelter transaction at any time during the tax yea? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibiled tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 So X c If "Yes," did the organization niclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization solicit any contributions that were not tax deductible? So to any any rotify the organization niclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization solieit any contributions that may roceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d X 7d Vee X 7d X 7d X 7d Mer (Yes, "indicat the number of Forms 8282 filed during the year? 7d X 7d X 7d Mer (Yes, "indicat the number of Forms 8282 filed during the year? 7d X X 7d X	b				
b) Did any taxable party notity the organization file Form 886-17 50 c) ff "Yes" to line 5a or 5b, did the organization file Form 886-17 50 c) Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible eachartable contributions or gifts were not tax deductible as chartable contributions or gifts were not tax deductible contribution and partly for goods and services provided to the payor? 60 7 Organization solit any contribution ender section 170(c). 70 a) If "Yes," did the organization notify the donor of the value of the goods or services provided? 70 c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 70 c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 g) the organization receive any funds, directly or indirectly on a personal benefit contract? 77 g) the organization receive a contribution of qualified intellectual property, did the organization file a contribution of acts, botas, anjeta, anjeta, and diring the year? 76 g) bid the organization maximality donor advised funds. 71 77 g) the organization maximal and prove advised funds. 71 74 g) the organization maximal and prove advised funds. 70 71 74 <th>-</th> <th></th> <th>-</th> <th></th> <th></th>	-		-		
c if Yes' to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization ave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 7b TYes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the payor? 6b 7b If Yes," did the organization neclive a payment in excess of 357 made partly as a contribution and partly for goods and services provided to the payor? 7d 7c Xa X 7d Yes," did the organization receive a payment in excess of 357 made partly as a contribution and partly for goods and services provided? 7d 7d Yes," did the organization sell, exchange, or otherwise biospos of tangible personal property for which it was required to file Form 8282? 7d 7d Td Zd 7d Yes," indicate the number of Forms 8282 filed during the year 7d 7d Td Zd 7d Td Zd 7d Yes, monting the year, pay preniums, on a personal benefit contract? 7d 7d Yes, formadition make and taxable distributions under section 49667. 7a	_				
Gen Does the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solid and y contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Xes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282 filed during the year If "Yes," findicate the number of Forms \$282 filed during the year If "Yes," findicate the number of Forms \$282 filed during the year If " c Did the organization ceevie any fundicetly, to pay premiums on a personal benefit contract? If the organization necevied a contribution of qualified intelectual properly, did the organization file of Form 108-0? If * f the organization necevied a contribution of acr, boats, aiplanes, or other velokes, did the organization file of Form 108-0? If * gif the organization necevied a contribution is included on Part VIII, line 12 Image:					^
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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 	с	Enter the amount of reserves on hand			
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 "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 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 	14a		14a		×
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 4720, Schedule O. 			14b		
 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	15				
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 × 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			15		×
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 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 ×	16		10		~
17Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?17×	10	•	10		^
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
			17		×

Page 6

Form 990 (2022)

Secti	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12	2						
	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	1b 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business								
•	any other officer, director, trustee, or key employee?		2	×					
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or c		3		×				
4	Did the organization make any significant changes to its governing documents since the prior For		4		×				
5	Did the organization become aware during the year of a significant diversion of the organization		5		×				
6	Did the organization have members or stockholders?		6		×				
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		×				
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,							
	stockholders, or persons other than the governing body?		7b		×				
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during							
а	The governing body?		8a	×					
b	Each committee with authority to act on behalf of the governing body?		8b	×					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0	9		×				
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	nue Co	ode.)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		×				
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exem		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet	ore filing the form?	11a	×					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990).							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12b	×					
С	Did the organization regularly and consistently monitor and enforce compliance with the describe on Schedule O how this was done.		12c	×					
13	Did the organization have a written whistleblower policy?		13	×					
14	Did the organization have a written document retention and destruction policy?		14	×					
15	Did the process for determining compensation of the following persons include a review								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	×					
b	Other officers or key employees of the organization		15b	×					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization								
	participation in joint venture arrangements under applicable federal tax law, and take steps								
	organization's exempt status with respect to such arrangements?		16b						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $_$ See Part VI,								
18	Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A if applicable	000 bas 000 (ol	T (coc	tion 5	501(c)				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicab (3)s only) available for public inspection. Indicate how you made these available. Check all the		1 (360						

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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. Katherine N. Clapp, 10 Prince Place, Suite 203, Newburyport, MA 01950 (978)462-1866

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

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.

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average			eck more than one s person is both an				Reportable	Reportable	Estimated amount
	hours per week	office	officer and a director/trustee)		compensation from the	compensation from related	of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Katherine Clapp	40.00									
President		×		×				128,292.	0.	6,980.
(2) Deborah Stevenson	10.00									
Board Chair		×		×				0.	0.	0.
(3) Michael Tranfaglia Medical Director/Treasurer/Secretary	40.00	×		×				122,112.	0.	6,979.
(4) Dean Clark	10.00									
Director		×						0.	0.	0.
(5) Theodore Coutilish Director	10.00	×						0.	0.	0.
(6)Leslie Eddy	10.00									
Director		×						0.	0.	0.
(7) Andres Centellas Director	10.00	×						0.	0.	0.
(8) Franziska Klebe	10.00									
Director		×						0.	0.	0.
(9) Jessica Haugen Director	10.00	×						0.	0.	0.
(10) James Vershbow Director	10.00	×						0.	0.	0.
(11)Ronald M Watkins, Jr Director	10.00	×						0.	0.	0.
(12) Sasa Zorovic	10.00									
Director		×						0.	0.	0.
(13)										
(14)	 									
	!							!		

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	olo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal		•••	•			•		250,404.	0.	13,959.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	• •	•	•	250,404.	0.	13,959.
2	Total number of individuals (including but reportable compensation from the organi	not limited				ted					
3	Did the organization list any former of employee on line 1a? If "Yes," complete s					ə, k	key er				Yes No 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000)? li	f "Yes	s,"	complete Schee	dule J for such	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompei	nsat	tion	froi	m any	un	related organiza		
	on B. Independent Contractors										
1	Complete this table for your five high	lest comp	ensate	ed	inde	eper	ndent	cc	ontractors that r	received more t	han \$100,000 of

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Form 9		,								Page 9
Part	VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espor	ise or note to ar	y line in this Pa	art VIII		<u> 🗆</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ŪŬ	С	Fundraising events			1c	174,704.				
ifts ar ∕	d	Related organizatio			1d					
nii G	e	Government grants			1e					
Sil	f	All other contribution and similar amounts no								
ther	~	Noncash contributio			1f	1,520,716.				
<u>e</u> tri	g	lines 1a-1f.			1.0	¢ 7 0 2 0				
Son	h	Total. Add lines 1a-			1g		1,695,420.			
0		Total. Aud lines Ta-	-11 .		• •	Business Code	1,095,420.			
ė	2a									
Program Service Revenue	b									
Se	c									
jram Ser Revenue	d									
ng Br	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f.							
	3	Investment income								
		other similar amoun	,				42,006.	0.	0.	42,006.
	4	Income from investr				•				
	5	Royalties	· ·							
		_	_	(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses								
	c d	Rental income or (loss) Net rental income o								
	7a	Gross amount from		s) (i) Securi		(ii) Other				
	<i>1</i> a	sales of assets		(1) 000011						
		other than inventory	7a	949,8	328.					
Θ	b	Less: cost or other basis								
nué		and sales expenses .	7b	720,0	034.					
eve	с	Gain or (loss)	7c							
л Ц	d	Net gain or (loss)					229,794.	0.	0.	229,794.
Other Reve	8a	Gross income fro								
0		events (not including								
		of contributions re								
		1c). See Part IV, line			8a	64,725.				
	b	Less: direct expens			8b	13,904.	F0 001			50.001
	с 9а	Net income or (loss Gross income f			ig eve	ents	50,821.		0.	50,821.
	Ja	activities. See Part		0 0	9a					
	b	Less: direct expens			9b					
		Net income or (loss				es				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss) from	n sales of ir	vento	ory				
sr						Business Code				
eor	11a									
ent	b									ļ
scellaneo Revenue	C									
Miscellaneous Revenue	d									
-	e	Total. Add lines 11a					2 010 041			202 601
	12	Total revenue. See	Instr	uctions			2,018,041.	0.	0.	322,621.

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Page **10**

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	e or note to any line	in this Part IX .		[
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	889,725.	889,725.	5	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	577,500.	577,500.		
4 5	Benefits paid to or for members				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	264,363.	201,746.	46,298.	16,319
7 8	Other salaries and wages	50,333.	35,766.	0.	14,565
9 10 11	Other employee benefits	22,994.	14,946.	2,299.	5,749
a b c	Management . <th.< td=""><td>6,500.</td><td>0.</td><td>6,500.</td><td>(</td></th.<>	6,500.	0.	6,500.	(
d e	Lobbying			0,0001	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	6,030.	0.	6,030.	0.95
12 13	Advertising and promotion	39,401.	25,611.	3,940.	9,850
13 14 15	Office expenses .	5,192.	3,375.	519.	1,29
16	Occupancy	9,120.	5,928.	912.	2,28
7 8	Travel	3,576.	2,324.	358.	89
19 20 21	Conferences, conventions, and meetings . Interest				
22 23	Depreciation, depletion, and amortization	3,364.	2,187.	336.	84
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	3,301.	2,107.		
а	Registration Fees	7,538.	4,900.	754.	1,884
b	Printing	4,786.	3,111.	479.	1,19
С	Research Expense	2,045.	2,045.	0.	
d	Postage	1,959.	1,273.	196.	49
е	All other expenses	3,690.	2,399.	369.	92
25 26	Total functional expenses. Add lines 1 through 24e 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	1,898,116.	1,772,836.	68,990.	56,29

Form 990 (2022)

	n 990 (2	•			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	237,873.	1	195,747.
	2	Savings and temporary cash investments	2,220,043.	2	2,036,385.
	3	Pledges and grants receivable, net	24,978.	3	27,889.
	4 5	Accounts receivable, net		4	
	5	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		5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8			8	
As	9	Prepaid expenses and deferred charges	0.	9	25,000.
	10a	Land, buildings, and equipment: cost or other	0.		23,000.
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments-publicly traded securities	1,432,993.	11	1,246,760.
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,915,887.	16	3,531,781.
	17	Accounts payable and accrued expenses	13,816.	17	9,338.
	18	Grants payable	0.	18	0.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		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 of Schedule D			
			12.016	25	
	26	Total liabilities. Add lines 17 through 25 .<	13,816.	26	9,338.
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	3,827,071.	27	3,522,443.
ЧB	28	Net assets with donor restrictions	75,000.	28	0.
Ĩ		Organizations that do not follow FASB ASC 958, check here			
ΥF		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .	2 000 071	31	
Vet	32	Total net assets or fund balances	3,902,071.	32	3,522,443.
	33	Total liabilities and net assets/fund balances	3,915,887.	33	3,531,781.

REV 04/29/23 PRO

Form **990** (2022)

orm 99	0 (2022)			Pa	ige 12
Part	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	2,0	18,0	941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	98,1	.16.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	19,9	25
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,9	02,0)71
5	Net unrealized gains (losses) on investments	5	-4	99,5	53
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,5	22,4	43
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," e	xplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled o	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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	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 ov	ersiaht o	of		
	the audit, review, or compilation of its financial statements and selection of an independent account		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th	P		
54	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		с Зb		
	REV 04/29/23 PRO			n 990	

Form 990: Return of Organization Exempt from Income Tax

1

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)	Continuation Statement
States Where Copy of R	eturn is Required
MA	
AL	
AK	
CA	
СО	
ні	
KS	
КҮ	
ME	
MN	
мо	
MS	
NV	
NC	
ND	
NM	
OK	
OR	
SC	
TN	
UT	
VA	
TX	

SCHE	DULE	F
(Form	990)	

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasur
Internal Revenue Service

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

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

Name	of	the	orda	nizati
INALLE	υı	uie	uua	πzαι

FRAXA Part I

20 22
Open to Public Inspection

the organization		Employer identification number
Research	Foundation, Inc.	04-3222167
Reason	for Public Charity Status. (All organizations must complete this p	oart.) See instructions.
anization is no	ot a private foundation because it is: (For lines 1 through 12, check only or	ne box.)

- The orga 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
 - A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
 - A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
 - An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
 - A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
 - 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f
 - Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
			Yes	No								
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Part IISupport 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.)

Secti	on A. Public Support				-		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						8,278,945.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,010,007.	1,020,120,	1,125,5521	1,019,0971	1,000,1201	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,813,697.	1,326,429.	1,423,502.	2,019,897.	1,695,420.	8,278,945.
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)						649,977.
6	Public support. Subtract line 5 from line 4						7,628,968.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,813,697.	1,326,429.	1,423,502.	2,019,897.	1,695,420.	8,278,945.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,342.	46,311.	42,951.	41,730.	42,006.	221,340.
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						8,500,285.
12	Gross receipts from related activities, etc					12	13,568.
13	First 5 years. If the Form 990 is for the	0	•		or fifth tax ye	ear as a sectio	on 501(c)(3)
Casti	organization, check this box and stop he on C. Computation of Public Suppor		· · · · ·				••••
<u>3ecu</u> 14	Public support percentage for 2022 (line	0		11 column (f)		14	89.75%
15	Public support percentage from 2022 (inter-		-			15	90.16%
16a	33 ¹ / ₃ % support test-2022. If the organ						
	box and stop here . The organization qua						
b	33 ¹ /3% support test—2021. If the organithis box and stop here . The organization						nore, check
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization metar Part VI how the organization meets the organization	neets the facts facts	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here as a publicly	. Explain in supported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	x and stop he s as a publicly	ere. Explain supported
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	
	instructions						

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization'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						
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Secti	on B. Total Support						
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(,	(,	(0) _0_0	(4) 2021	(0) = 0 = =	(1) 1 0 101
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
<u> </u>	Add lines 10a and 10b						
11	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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	's first, second	, third, fourth,	or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line a	8, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2021 Scl	nedule A, Part	III, line 15			16	%
Secti	on D. Computation of Investment In					· · ·	
17	Investment income percentage for 2022 (line 10c, colur	nn (f), divided l	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	nere . The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions .

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 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? 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	9-
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		
-		<u> </u>		

Schedule A (Form 990) 2022

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
;	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule	of Cont	ributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	n



Name of the organization	Employer identification number
FRAXA Research Foundation, Inc.	04-3222167
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	✓ 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

- □ 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).

(rorm 990) Complete if the organization answered "Yes" on Form 990, Part IV, Iso A, 99, 19, 11, 11, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 11, 11, 12, 10, 11, 12, 11, 11, 12, 11, 11, 12, 11, 11	SCHEDULE D		Supplemental Financial Statements			OMB No. 1545-0047	
Department of the Tessar Open to Form 900. Open to Form 900. Open to Full	(Form 990)		Complete if the organization answered "Yes" on Form 990,			2022	
Internet Network Cost ownw.ins.gov/Form980 for instructions and the latest information. Implementation PTAU Sector Implementation Implementation Implementation PTAU Organizations Meintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) boors advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) boors advised funds (b) Funds and other accounts 3 Aggregate value of ansito from (during year) (a) boors advised funds (b) Funds and other accounts 4 Aggregate value of ansito in form all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose confirming impermisable purposes and not for the benefit of the donor of donor advisor of a writing that grant funds can be used only for charitable purposes and not for the pranization information. Yes Ne Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements. Yes No Complete if the organization fibe at by the organization (check all that apply). Preservation of a conservation easements. Yes No							
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 organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	9		e				
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 Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 (iii) Assets included in Form 990, Part X (iii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 		-					
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 (iii) Assets included in Form 990, Part X (iv) the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	Part	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 8.			
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iv) For amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	1 a						
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 							
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b	•					
 (i) Revenue included on Form 990, Part VIII, line 1							
 (ii) Assets included in Form 990, Part X		•					
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		(i) Revenue in	cluded on Form 990, Part VIII, line 1			. \$	
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	~					. \$	
a Revenue included on Form 990, Part VIII, line 1	2				assets for	mancial gain, provide the	
b Assets included in Form 990, Part X \$	а			•		\$	
	-	Assets include	d in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		. \$	

Schedul	e D (Form 990) 2022						Page 2
Part	III Organizations Maintaining	Collections of	Art, Historica	al Treasures	, or Ol	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther records, ch	neck any of th	e follov	ving that make sig	gnificant use of its
а	Public exhibition		d 🗌 Lo	an or exchang	e proq	ram	
b	Scholarly research						
с	Preservation for future generations	5					
4	Provide a description of the organization XIII.		and explain ho	w they further	the org	ganization's exem	pt purpose in Par
5	During the year, did the organization	solicit or receive	donations of a	rt. historical t	reasure	s. or other similar	
	assets to be sold to raise funds rather						🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.	-	" on Form 990), Part IV, line	e 9, or	reported an am	ount on Form
1 a							Yes 🗆 No
b	If "Yes," explain the arrangement in P						
				9		An	nount
с	Beginning balance				10	;	
d	Additions during the year				10	1	
е	Distributions during the year				16)	
f	Ending balance				11	:	
2a	Did the organization include an amound	nt on Form 990, P	art X, line 21, fo	or escrow or c	ustodia	I account liability?	' 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the explana	tion has been	provide	ed on Part XIII .	🗆
Par							
	Complete if the organization		" on Form 990), Part IV, line	e 10.		
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t			1g, column (a	a)) held	as:	
а	Board designated or quasi-endowmen		%				
b	Permanent endowment	%					
С	Term endowment %						
0-	The percentages on lines 2a, 2b, and			41 4 1 1-1		in the table of the state of	
Ja	Are there endowment funds not in the organization by:	e possession of th	he organization	that are held	and ad	ministered for the	
	•						Yes No
	(i) Unrelated organizations						3a(i)
b	(ii) Related organizations If "Yes" on line 3a(ii), are the related o						3a(ii) 3b
4	Describe in Part XIII the intended uses				• •		30
Part			on s endowmen	it fullus.			
i ui e	Complete if the organization		" on Form 99(). Part IV. line	e 11a.	See Form 990. I	Part X. line 10.
	Description of property	(a) Cost or o		ost or other basis		Accumulated	(d) Book value
		(investr		(other)		epreciation	(3) 2001. Value
1a	Land						
b	Buildings						
с	Leasehold improvements						
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colu	mn (B), line 10)c.) .		

Schedule D (Form 990) 2022 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022 Page 4					
Part				Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,532,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2a	-499,553.		
b	Donated services and use of facilities	2b	5,760.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	13,904.		
е	Add lines 2a through 2d			2e	-479,889.
3	Subtract line 2e from line 1	· ·		3	2,012,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,030.		
b	Other (Describe in Part XIII.)	4b			c 020
c	Add lines 4a and 4b			4c	6,030.
5 Port	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XII Reconciliation of Expenses per Audited Financial Statem			5	2,018,041.
Part	Complete if the organization answered "Yes" on Form 990, I			i ne	turn.
1			v, inte 12a.	1	1,911,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		•	1,911,750.
a	Donated services and use of facilities	2a	5,760.		
b	Prior year adjustments	2b	5,700.		
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	13,904.		
e	Add lines 2a through 2d	L		2e	19,664.
3	Subtract line 2e from line 1			3	1,892,086.
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	6,030.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	6,030.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,898,116.
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt I	I, Line 3: The Foundation has adopted the applicat	ion	of the provisi	ons	
of F.	ASB ASC 740-10 (formerly FASB Interpretation No. 4	18,	"Accounting For	Unc	certainty
in I	ncome Taxes"). The primary tax positions made by t	he I	Foundation are	the	existence
of U	nrelated Business Income Tax and the Foundation's	stat	cus as an exemp	t or	rganization
unde	r Section 501(c)(3) of the Internal Revenue Code.	The	Foundation cur	rent	ly
eval	uates all tax positions, and makes determinations	rega	arding the like	liho	ood
of t	hose positions being upheld under review. For the				
	sult of adoption, the Foundation has not recognize				
	ingencies for uncertain tax positions based on its				
Form	990, Return of Organization Exempt from Income Ta	ax, f	for the years e	ndir	ıg
Decei	mber 31, 2019 through 2022 are subject to examinat	ion	by the IRS, ge	nera	ally

Schedule D (Fo	orm 990) 2022	Page 5
Part XIII	Supplemental Information (continued)	
for 3 y	ears after it is filed.	
Pt XI,	Line 2d: Fundraising event expense netted with revenue on Form 990	
	Line 2d: Fundraising event expense netted with revenue on Form 990	

SCHEDULE F (Form 990)		State	Statement of Activities Outside the United States							
(For	n 990)	Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
	nent of the Treasury Revenue Service	G	o to <i>www.ir</i> s.g		ch to Form 990. or instructions and the latest	information.		Open to Public Inspection		
Name of	of the organization							identification number		
FRAX	KA Research	Foundatio	on, Inc.				04-322	2167		
Par		Information		ties Outside	the United States. Con	nplete if the orga	anization a	answered "Yes" on		
1		ce, the grante	es' eligibility		cords to substantiate the a ts or assistance, and the s			🗌 Yes 🗌 No		
2	For grantmak outside the Un		in Part V the	e organization	's procedures for monitorir	ng the use of its	grants ar	nd other assistance		
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	led.)			
	(a) Regior	1	(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, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, c type of	(f) Total expenditures for and investments in the region		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										

3a	Subtotal		
b	Total from continuation		
	sheets to Part I		
c	Totals (add lines 3a and 3b)		

1 (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) Wire Europe Research 382,500. (2) North America Research 135,000. Wire (3) South America Research 60,000. Wire (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) 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 3

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.

Part III can be duplica (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of	(f) Amount of	(g) Description of noncash assistance	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance		(h) Method of valuation (book, FMV, appraisal, other
(1)							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
)							
1)							
2)							
3)							
4)							
5)							
5) 7)							
7)							
8)				04/29/23 PRO			hedule F (Form 990)

Page 3

1

2

3

4

5

ule F (Form 990) 2022		Page
IV Foreign Forms		-
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 Instructions for Form 926)	☐ Yes	🗵 No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
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 Instructions for Form 5471)	Yes	🗵 No
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 Instructions for Form 8621)	☐ Yes	🗙 No
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 Instructions for Form 8865)	☐ Yes	🗙 No
Did the organization have any operations in or related to any boycotting countries during the tax year? If		

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		
	Instructions for Form 5713; don't file with Form 990)	Yes	🗙 No

BAA

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Other: The Foundation makes their foreign grantees adhere to the same contract
and write the same reports as their grantees in the US. The Foundation offers
grants and fellowships designed to encourage research aimed at finding a specific
treatment for fragile X syndrome. Institutions receiving grants must be exempt
from federal income taxes under Section 501(c)(3) of the US Internal Revenue
Code, if in the US. Institutions outside the US must be nonprofit educational
institutions. Fellowships and grants are awarded for one year. A financial report
and progress report are required within 90 days following the end of the project.
If a project is not initiated within nine months of the date the award is made,
the award must be reauthorized by the Foundation's Board of Directors.

	EDULE G						ing Activities	OMB No. 1545-0047
(Forr	n 990)	Complete if	organization enter	red more that	n \$15,000 on), Part IV, line 17, 18, Form 990-EZ, line 6a	or 19, or if the	2022
	ment of the Treasury Revenue Service	G			990 or Form 9 structions an	90-EZ. d the latest informat	tion.	Open to Public Inspection
	of the organization						Employer identi	
FRAZ		Foundation,					04-322216	
Par		sing Activities. 0-EZ filers are n				vered "Yes" on	Form 990, Part IV	/, line 17.
1		•	on raised funds tl	hrough any		•	Check all that apply	
a	Mail solicit			e _		on of non-goverr	•	
b c	Internet an	d email solicitation	ns	r L g [on of governmen undraising event	•	
d		solicitations		9 _		unuraising event	5	
2a	•		ten or oral agree	ement with	anv indivic	lual (including off	icers, directors, tru	stees.
b	or key employ If "Yes," list th	ees listed in Form	990, Part VII) or individuals or e	entity in contities (fund	onnection v	with professional	fundraising service	
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		001. (1)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3			nization is regis	tered or lic	ensed to s	olicit contributior	ns or has been noti	fied it is exempt from

Schedule G (Form 990) 2022

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.

			(a) Event #1 Patricks Pal Basketball	(b) Event #2 2022 Swirl	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
0		-	(event type)	(event type)	(total number)	col. (c))
revenue	1	Gross receipts	124,284.	63,825.	48,455.	236,564.
r	2	Less: Contributions	118,684.	35,575.	20,445.	174,704.
	3	Gross income (line 1 minus line 2)	5,600.	28,250.	28,010.	61,860.
			5,000.	20,230.	20,010.	01,000.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs			5,840.	5,840.
JIrect Expenses	7	Food and beverages	1,240.		2,229.	3,469.
DIrect	8	Entertainment				
	9	Other direct expenses .	2,388.	1,407.	325.	4,120.
	10	Direct expense summary. Ad	13,429.			
	11	Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)		48,431.

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or rep \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d) . . .		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a I	Enter the state(s) in which the or s the organization licensed to co f "No," explain:	onduct gaming activities	s in each of these states	s?	🗌 Yes 🗌 No
10		Were any of the organization's g f "Yes," explain:	aming licenses revoked	•	· ·	

Schedu	ule G (Form 990) 2022 Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
b	spent in the organization's own exempt activities during the tax year \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informat See instructions.	

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to <i>www.irs.gov/Form990</i> for the latest information.



Name of the organization

Employer identification number 04-3222167

FRAXA Research Foundation, Inc.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1) Emory University							
201 Dowman Drive Atlanta GA 30322	58-0566256		50,000.				Research
(2) Umass medical							
55 N Lake Avenue Worcester MA 01655	04-3358566		81,401.				Research
(3) University fo Wisconsin-Madison							
Drawer #538 Milwaukee WI 53278	39-6006492		90,000.				Research
(4) Carnegie Mellon University							
PO Box 371032 Pittsburgh PA 15250	25-0969449		53,000.				Research
(5) Rush University Medical Center							
1201 W. harrison St, Suite 300 Chicago IL 60607	36-2174823		65,324.				Research
(6) Salk Institue for Biological Studies							
10010 North Torrey Pines Road La Jolla CA 92037	95-2160097		45,000.				Research
(7) Standford University School of Medicine							
485 Broadway, Third Floor Redwood City CA 94063	94-1156365		45,000.				Research
(8) University of Rochester							
910 Genesee Street. Suite 200 Rochester NY 14611	16-0743209		45,000.				Research
(9) Wake Forest School of Medicine							
Medical Center Boulevard Winston Salem NC 27103	22-3849199		45,000.				Research
(10) University of Californiam Riverside							
900 University Avenue Riverside CA 92521	95-6006142		95,000.				Research
11) Icahn School of Medicine							
1 Gustave L. Levy Place New York NY 10029	13-6171197		50,000.				Research
(12)See Statement							
			250,000.				

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

REV 04/29/23 PRO Schedule I (Form 990) 2022

Part III	Grants and Other Assistance to Part III can be duplicated if addition	nts and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Ill 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1							
2							
3							
4							
5							
6							
7 Part IV	Supplemental Information. Provi	de the information re	equired in Part I, li	ne 2; Part III, colum	h (b); and any other additi	onal information.	
BAA		REV 04/29/23 PR	20			Schedule I (Form 990) 2022	

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
Massachusetts General Hospital 399 Revolution Drive, Suite 740, Somerville, MA 02145	042697983		50,000.				Research
Mercer University 1501 Mercer University Drive, Macon, GA 31207	580566167		50,000.				Research
Tufts University School of Medicine 136 Harrison Ave, Boston, MA 02111	042103634		50,000.				Research
University of California at Irvine University of California Irvine, Irvine, CA 92697	952226400		50,000.				Research
University of Nebraska Medical Center 985100 Nebraska Medical Center, Omaha, NE 68195	470049123		50,000.				Research
			250,000.	0.			

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.

Pt VI, Line 2: The President, Katherine Clapp and the Treasurer, Michael Tranfaglia



04-3222167

Department of the Treasury Internal Revenue Service Name of the organization

FRAXA Research Foundation, Inc.

are married. Pt VI, Line 11b: The Form 990 is prepared by an outside independent auditor and is then reviewed by the Board of Directors at a meeting before being filed with the Internal Revenue Service. Pt VI, Line 12c: If an issue is to be decided by the Board that involves potential conflict of interest for a board member, it is the responsibility of the board member to identify the potential conflict of interest, not participate in the discussion of the issue and not vote on the issue. Pt VI, Line 15a: The Board of Director members exclusive of the officers being discussed meet independently to discuss salary increases. Pt VI, Line 15b: The Board of Director members exclusive of the officers being discussed meet independently to discuss salary increases. Pt VI, Line 19: The Foundation has written governing documents, conflict of interest policy and financial statements and they are available for public inspection upon request. The audited financial statements an the Foundation's 501(c)(3) exempt status are available to the public on the Foundation's website (www.fraxa.org). The Foundation's financial information and tax forms are also available on guidestar.org. The process has not changed from the prior year. Pt VI, Section C, Line 17: State: AL State: AK State: CA State: CO State: HI

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
FRAXA Research Foundation, Inc.	04-3222167
State: KS	
Chata: VV	
State: KY	
State: ME	
State: MN	
State: MO	
State: MS	
State: NV	
State: NC	
State: ND	
State: NM	
State: OK	
State: OR	
State: SC	
State: TN	
State: UT	
State: VA	
State: TX	

Additional Information From 2022 Federal Exempt Tax Return

Schedule A: Public Charity Status and Public Support Gross Receipts

Itemization Statement

Description	Amount
2018 Consulting & Other Fees	3,225.
2019 Consulting & Other Fees	8,821.
2020 Consulting & Other Fees	1,037.
2021 Consulting & Other Fees	485.
2022 Consulting & Other Fees	0.
Total	13,568.