# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

23

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

Department of the Treasury Do not enter social securi

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| Inte                           | rnal Reve    | enue Service   | Go to www.irs.gov/Form990 for instructions and the latest                       | t infor    | natio          | n.              |                | Inspection                  |
|--------------------------------|--------------|----------------|---|------------|----------------|-----------------|----------------|-----------------------------|
| Α                              | For the      | e 2023 calen   | dar year, or tax year beginning 01/01/2023 and ending                           |            | 1              | <u>2/31/2</u> ( | 023            |                             |
| в                              | Check i      | f applicable:  | C Name of organization SPASTIC PARAPLEGIA FOUNDATION INC                        |            |                | 1               | D Empl         | oyer identification number  |
| ~                              | Address      | s change       | Doing business as Spastic Paraplegia Foundation                                 |            |                |                 |                | 04-3594491                  |
|                                | Name c       | hange          | Number and street (or P.O. box if mail is not delivered to street address)      | Room/      | suite          | 1               | E Telepl       | none number                 |
|                                | Initial re   | eturn          | 6952 Clayborne Drive  |            |                |                 |                | 877-773-4483                |
|                                | Final ret    | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code        |            |                |                 |                |                             |
|                                | Amende       | ed return      | O Fallon, MO 63368  |            |                |                 | <b>G</b> Gross | receipts \$ 1,324,845       |
|                                | Applicat     | tion pending   | F Name and address of principal officer: Greg Pruitt                            |            | <b>H(a)</b> Is | this a grou     | ıp return fe   | or subordinates? 🗌 Yes 🗹 No |
|                                |              |                | 1801 Byrd Road, Mayfield, KY 42016-7801   | I          | <b>H(b)</b> Ai | re all sub      | oordinat       | es included? 🗌 Yes 🗌 No     |
| I                              | Tax-exe      | empt status:   | ✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                           |            | f "No,'        | ' attach        | a list. S      | ee instructions.            |
| J                              | Website      | e: www.sp-     | foundation.org  | I          | <b>H(c)</b> G  | roup exe        | emption        | number                      |
| к                              | _            | organization:  | Corporation Trust Association Other L Year of form                              | nation:    | 20             | 02              | M State        | of legal domicile: MA       |
| Ρ                              | art I        | Summa          | *   |            |                |                 |                |                             |
|                                | 1            | Briefly des    | cribe the organization's mission or most significant activities: <u>1. To</u>   | fund s     | scient         | ific res        | search         | to discover the cures       |
| Activities & Governance        |              |                | ary spastic paraplegia and primary lateral sclerosis. 2. To provide inforr      |            |                |                 |                |                             |
| nar                            |              |                | ones, and to the general public. 3. To provide emotional support to pat         |            |                |                 |                |                             |
| ver                            | 2            |                | box $\[ \square \]$ if the organization discontinued its operations or disposed |            |                |                 | 1              | s net assets.               |
| ဗိ                             | 3            | Number of      | voting members of the governing body (Part VI, line 1a)                         |            |                | •               | 3              | 12                          |
| <del>م</del> م<br>م            | 4            |                | independent voting members of the governing body (Part VI, line 1)              | b) .       | • •            | •               | 4              | 12                          |
| itie                           | 5            |                |   |            |                |                 | 5              | 0                           |
| čį                             | 6            |                | per of volunteers (estimate if necessary)                                       |            |                | •               | 6              | 100                         |
| Ă                              | 7a           |                | ated business revenue from Part VIII, column (C), line 12                       |            |                | •               | 7a             | 0                           |
|                                | b            | Net unrelat    | ed business taxable income from Form 990-T, Part I, line 11                     |            |                | •               | 7b             | 0                           |
|                                | _            |                |   |            | Pric           | or Year         |                | Current Year                |
| e                              | 8            |                | ons and grants (Part VIII, line 1h)   |            |                |                 | 81,413         | 1,244,568                   |
| /eni                           | 9            | •              | ervice revenue (Part VIII, line 2g)   |            |                |                 | 1,365          | 49,773                      |
| Revenue                        | 10           |                | income (Part VIII, column (A), lines 3, 4, and 7d)                              |            |                | -6              | 3,697          | 30,504                      |
| _                              | 11           |                | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                  |            |                |                 |                | 0                           |
|                                | 12           |                | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)           | -          |                |                 | 9,081          | 1,324,845                   |
|                                | 13           |                | I similar amounts paid (Part IX, column (A), lines 1–3)                         |            |                | 57              | 5,189          | 1,930,438                   |
|                                | 14           |                | aid to or for members (Part IX, column (A), line 4)                             |            |                |                 |                | 0                           |
| Expenses                       | 15           |                | her compensation, employee benefits (Part IX, column (A), lines 5–10)           |            |                |                 |                | 0                           |
| ens                            | 16a          |                | al fundraising fees (Part IX, column (A), line 11e)                             |            | _              |                 |                | 0                           |
| Щ.<br>Д                        | b            |                | aising expenses (Part IX, column (D), line 25) 4,384                            |            |                |                 |                |                             |
| _                              | 17           | -              | enses (Part IX, column (A), lines 11a–11d, 11f–24e)                             |            |                |                 | 3,211          | -1,824                      |
|                                | 18           |                | nses. Add lines 13–17 (must equal Part IX, column (A), line 25)                 |            |                |                 | 8,400          | 1,928,614                   |
|                                | 19           | Revenue le     | ess expenses. Subtract line 18 from line 12                                     | <b>D</b> ' |                |                 | 0,681          | -603,769                    |
| Net Assets or<br>Fund Balances | 20           | Total asset    | ra (Part X. lina 16)  | веди       | ining o        | of Curre        |                | End of Year                 |
| Asse<br>Bala                   | 20           |                | s (Part X, line 16)   |            |                |                 | 5,492          | 3,308,442                   |
| let ∕                          | 21           |                | ties (Part X, line 26)  |            |                |                 | 1,690          | 2,277,085                   |
|                                | 22<br>art II |                | or fund balances. Subtract line 21 from line 20                                 |            |                | 1,52            | 3,802          | 1,031,357                   |
|                                |              | Signatu        |   |            |                |                 |                |                             |

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

| Sign<br>Here                 | Signature of officer<br>Lorri Steiner, Assistant Treasurer<br>Type or print name and title  |                                    |      | Date   | 9   |       |    |
|------------------------------|---|------------------------------------|------|--------|-----|-------|----|
| Paid                         | Print/Type preparer's name  | Preparer's signature               | Date |        |     | PTIN  |    |
| Paid<br>Preparer<br>Use Only | Firm's name   |                                    |      | Firm's | EIN |       |    |
| Use Only                     | orri Steiner, Assistant Treasurer       'ype or print name and title       'print/Type preparer's name     Preparer's signature       Date     Check if self-employed       'firm's name     Firm's ElN       'firm's address     Phone no. |                                    |      |        |     |       |    |
| May the IRS                  | discuss this return with the prepa  | arer shown above? See instructions |      |        |     | Yes I | No |
|                              |   |                                    |      |        |     | 000   |    |

| orm 99 | 90 (2023) Page   |
|--------|--|
| Part   |  |
| 4      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1      | 1. To fund scientific research to discover the cures for hereditary spastic paraplegia and primary lateral sclerosis. 2. To provide  |
|        | information about the disorders to patients and their loved ones, and to the general public. 3. To provide emotional support to  |
|        | patients and their loved ones  |
|        |  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the   |
|        | prior Form 990 or 990-EZ?  |
|        | If "Yes," describe these new services on Schedule O.   |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program   |
|        | services?  |
|        | If "Yes," describe these changes on Schedule O.  |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.                    |
| 4a     | (Code: ) (Expenses \$ 1,769,938 including grants of \$ 1,769,938 ) (Revenue \$ 0)  |
|        | Scientific research grants were awarded to academic researchers in universities both in the United States and internationally. A   |
|        | Scientific Advisory Board reviews and ranks all grant proposals received each year. The Foundation funds only the top ranked   |
|        | proposals. Grants are divided into up to five installments. The first installment is issued after a countersigned Research Grant   |
|        | Agreement is returned to the Foundation. Each of the remaining installments are issued after a satisfactory progress report or final   |
|        | report from the researcher. The amount above reflects the amount of grant payments made in 2023.   |
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|        |  |
| 4b     | (Code:) (Expenses \$ 93,964 including grants of \$ 0 ) (Revenue \$ 30,651 )       The Foundation holds an annual conference each year for individuals suffering from the disease, their families, and caregivers.       Researchers speak about primary lateral sclerosis and hereditary spastic paraplegia, including updates on the current state of |
|        | their research. Attendees meet others affected by the disorders, typically the first time these individuals have met others with the   |
|        | same condition in person. Attendees pay a registration fee to attend.  |
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|        |  |
| 4c     | (Code:) (Expenses \$including grants of \$) (Revenue \$)   |
|        | The Foundation prints and distributes "Synapse", a periodical about the disorders, activities of the Foundation, and articles about  |
|        | research.  |
|        |  |
|        |  |
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|        |  |
| 44     | Other program convisors (Describe on Schodule O.) See Schodule O. Statement 1  |
| 4d     | Other program services (Describe on Schedule O.) See Schedule O, Statement 1       (Expenses \$ 8,233 including grants of \$ 0 ) (Revenue \$ 0 )   |
| 4e     | Total program service expenses 1,896,252   |
|        |  |

| Form 99 | 0 (2023)   |           | 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       | <b>Section 501(c)(3) organizations.</b> 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> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   | 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       |     | ~      |
| ь<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .<br>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<br>21 | ~   |        |

| Form 99      | 0 (2023)  |            | I   | Page <b>4</b> |
|--------------|---|------------|-----|---------------|
| Part         | V Checklist of Required Schedules (continued)   |            |     |               |
| 00           | Did the exercise tion we get many then \$5,000 of events or other assistance to an few demostic individuals on  |            | Yes | No            |
| 22           | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | 22         |     | ~             |
| 23           | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .  | 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        |     | ~             |
|              | 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<br>24c |     |               |
| d            | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |               |
| 25a          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | ~             |
| 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," <i>complete Schedule L, Part IV</i>  | 28a        |     | ~             |
| b            | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b        |     | ~             |
| С            | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c        |     | ~             |
| 29           | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29         | ~   |               |
| 30           | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30         |     | ~             |
| 31<br>32     | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i><br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 31<br>32   |     | ~             |
| 33           | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33         |     | ~             |
| 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          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | ~             |
| b            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  | 35b        |     |               |
| 36           | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |     | ~             |
| 37           | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37         |     | ~             |
| 38           | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .   | 38         | ~   |               |
| Part         | V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V  |            |     | . []          |
|              |   |            | Yes | No            |
| 1a<br>b<br>c | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1Did the organization comply with backup withholding rules for reportable payments to vendors and   | -          |     |               |
| v            | reportable gaming (gambling) winnings to prize winners?   | 1c         |     |               |

| Form 99  |  |     |     | Page 5   |
|----------|--|-----|-----|----------|
| Part     | V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     | Yes | No       |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0  |     |     |          |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b  |     |          |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | ~        |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b  |     |          |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |     | ~        |
| b        | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |     |          |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | ~        |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | ~        |
| с        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |          |
| 6a       | 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 as charitable contributions?                                    | 6a  |     | ~        |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | Ua  |     |          |
| 5        | gifts were not tax deductible?   | 6b  |     |          |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |     |     |          |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | -   |     |          |
|          |  | 7a  |     | <u> </u> |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                   | 7b  |     | <u> </u> |
| С        | required to file Form 8282?  | 7c  |     |          |
|          | If "Yes," indicate the number of Forms 8282 filed during the year  | 70  |     |          |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     |          |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | <u> </u> |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |          |
| -        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |          |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |          |
|          | sponsoring organization have excess business holdings at any time during the year?   | 8   |     |          |
| 9        | Sponsoring organizations maintaining donor advised funds.  |     |     |          |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | L        |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |          |
| 10       | Section 501(c)(7) organizations. Enter:  |     |     |          |
| a        | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |          |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> Enter:  |     |     |          |
| 11<br>а  | Gross income from members or shareholders  |     |     |          |
|          | Gross income from other sources. (Do not net amounts due or paid to other sources  |     |     |          |
| -        | against amounts due or received from them.)  |     |     |          |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |          |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  |     |     |          |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |          |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |          |
| _        | Note: See the instructions for additional information the organization must report on Schedule O.  |     |     |          |
|          | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   |     |     |          |
|          | the organization is licensed to issue qualified health plans   |     |     |          |
| с<br>14а | Enter the amount of reserves on hand     13c       Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | ~        |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |     |          |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |     |     | <u> </u> |
|          | excess parachute payment(s) during the year?   | 15  |     | ~        |
|          | 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  |     | ~        |
|          | 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  |     |          |
|          | If "Yes," complete Form 6069.  |     |     |          |

| Part    | <b>VI Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See ir   | nstruc | tions |
|---------|--|----------|--------|-------|
| Secti   | on A. Governing Body and Management  | • •      |        |       |
| <u></u> |  |          | Yes    | No    |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year   1a   12  |          |        |       |
|         | If there are material differences in voting rights among members of the governing body, or   |          |        |       |
|         | if the governing body delegated broad authority to an executive committee or similar   |          |        |       |
|         | committee, explain on Schedule O.  |          |        |       |
| b       | Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 12  | -        |        |       |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 0        |        |       |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct  | 2        |        | ~     |
| 5       | supervision of officers, directors, trustees, or key employees to a management company or other person? .  | 3        |        | ~     |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        |        | ~     |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 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 elect or appoint  |          |        |       |
|         | one or more members of the governing body?   | 7a       |        | ~     |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |          |        |       |
| _       | stockholders, or persons other than the governing body?  | 7b       |        | ~     |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during   |          |        |       |
| _       | the year by the following:   | 0-       |        |       |
| a<br>b  | The governing body?  | 8a<br>8b | レ<br>レ |       |
| ь<br>9  | Each committee with authority to act on behalf of the governing body?  | on       | V      |       |
| Ū       | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9        |        | ~     |
| Secti   | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | •        | 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 of such chapters,   |          |        |       |
|         | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      |        |       |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | ~      |       |
| 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? <i>If "No," go to line 13</i>   | 12a      | ~      |       |
| b<br>c  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?<br>Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   | 12b      | ~      |       |
| U       | 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 and approval by   |          |        |       |
|         | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |        |       |
| а       | The organization's CEO, Executive Director, or top management official   | 15a      |        | ~     |
| 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     |  |          |        |       |
| L.      | with a taxable entity during the year?   | 16a      |        | ~     |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |          |        |       |
|         | organization's exempt status with respect to such arrangements?  | 16b      |        |       |
| Secti   | on C. Disclosure   | 100      | I      | 1     |
| 17      | List the states with which a copy of this Form 990 is required to be filed See Schedule O, Statement 2   |          |        |       |

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - ✓ Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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. Lorri Steiner, (615)260-0559

Page 6

### 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.

| hours<br>per week<br>(list any<br>hours for<br>related<br>organizations   box, diffest per list of the organization is both is bo                 | (F)<br>imated amount<br>of other<br>compensation<br>from the<br>ganization and<br>ed organizations |
|---|--|
| Name and title   Average hours   (do not check more than one box, unless person is both an compensation compensation   Reportable compensation   Reportable compensation   Estination   | imated amount<br>of other<br>compensation<br>from the<br>ganization and                            |
| hours officer and a director/trustee) compensation compensation   | of other<br>compensation<br>from the<br>ganization and   |
| per week from the from the from related or  | from the ganization and  |
| hours for<br>related ctot is the point of the p | ganization and   |
| related $\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} $   | ed organizations   |
|   |  |
| below   등   국   일   호   |  |
|   |  |
| l l l l l l l l l l l l l l l l l l l   |  |
| Corey Braastad 5.00 5.00  |  |
| Director 0.00 🗸 0 0   | 0  |
| Hank Chiuppi 30.00  |  |
| Secretary/Director 0.00 V V 0 0   | 0  |
| John Cobb 10.00   |  |
| Director 0.00 🗸 0 0   | 0  |
| Tina Croghan 10.00  |  |
| Director 0.00 🗸 0 0   | 0  |
| Frank Davis 5.00  |  |
| Director 0.00 🗸 0 0 0   | 0  |
| Dina Landphair 10.00  |  |
| Director 0.00 🗸 0 0 0   | 0  |
| David Lewis 5.00  |  |
| Treasurer       0.00       ✓       ✓       0       0       0  | 0  |
| Greg Pruitt 30.00   |  |
| President/Director       0.00       ✓       ✓       0       0       0   | 0  |
| Jim Sheorn 30.00  |  |
| Vice President/Director       0.00       ✓       ✓       0       0  | 0  |
| Carina Thurgood 5.00  |  |
| Director       0.00       ✓       0       0       0   | 0  |
| Jackie Wellman 10.00  |  |
| Director       0.00       ✓       0       0       0   | 0  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | - 000 (0000)   |

| Part  | VI Section A. Officers, Directors, 1   | rustees,              | Key I                             | Ξm                    | ploy    | yee           | s, an                           | d F    | lighest Compe                     | nsated            | Emplo    | <b>yees</b> (continued)                |
|-------|--|-----------------------|-----------------------------------|-----------------------|---------|---------------|---------------------------------|--------|-----------------------------------|-------------------|----------|--|
|       |  |                       |                                   |                       | •       | C)            |                                 |        |                                   |                   |          |  |
|       | (A)  | (B)                   | (do n                             | ot cł                 |         | ition<br>more | e than c                        | one    | (D)                               | (E)               | )        | (F)                                    |
|       | Name and title   | Average               | box,                              | unles                 | ss pe   | erson         | is both                         | n an   | Reportable                        | Report            |          | Estimated amount<br>of other           |
|       |  | hours<br>per week     |                                   |                       |         | -             | or/trust                        | ŕ      | compensation<br>from the          | compen<br>from re |          | compensation                           |
|       |  | (list any             | Individual t<br>or director       | Insti                 | Officer | Key employee  | High                            | Former | organization (W-2/                | organizatio       |          | from the                               |
|       |  | hours for<br>related  | rect                              | tutic                 | ĕř      | emp           | est o<br>loye                   | ner    | 1099-MISC/<br>1099-NEC)           | 1099-N<br>1099-N  |          | organization and related organizations |
|       |  | organizations         | or tr                             | nal                   |         | oloye         | eom                             |        | ,                                 |                   | ,        |  |
|       |  | below<br>dotted line) | Individual trustee<br>or director | Institutional trustee |         | НФ.           | pens                            |        |                                   |                   |          |  |
|       |  | ,                     | U U                               | lee                   |         |               | Highest compensated<br>employee |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               | <u>u</u>                        |        |                                   |                   |          |  |
|       |  |                       | -                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | 1                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | -                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | -                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | -                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | 1                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | -                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       | 1                                 |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
| 1b    | Subtotal   |                       |                                   |                       |         |               | •                               | •      | 0                                 |                   | 0        | 0                                      |
| С     | Total from continuation sheets to Part   |                       | n A                               |                       |         | • •           | •                               | •      |                                   |                   |          |  |
| d     | Total (add lines 1b and 1c)  |                       |                                   | · .                   | •       |               |                                 |        | 0                                 | · .               | 0        | 0                                      |
| 2     | Total number of individuals (including reportable compensation from the organi |                       | limite                            | d 1                   | 10      | inos          | ie list                         | ted    | above) who re                     | eceived           | more t   | nan \$100,000 of                       |
|       |  | 201011                |                                   |                       |         |               |                                 |        | 0                                 |                   |          | Yes No                                 |
| 3     | Did the organization list any former of  | officer dire          | octor                             | tru                   | ister   | o k           |                                 | mnl    | lovee or highes                   | t compe           | ensated  |  |
| Ū     | employee on line 1a? If "Yes," complete s                                      |                       |                                   |                       |         |               |                                 |        |                                   |                   |          | 3 🗸                                    |
| 4     | For any individual listed on line 1a, is the                                   |                       |                                   |                       |         |               |                                 | n a    | and other comper                  | nsation fr        | om the   | -                                      |
|       | organization and related organizations   |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       | individual   |                       |                                   |                       |         |               |                                 |        |                                   |                   |          | 4 🖌                                    |
| 5     | Did any person listed on line 1a receive o                                     |                       |                                   |                       |         |               |                                 |        |                                   | ion or ind        | dividual |  |
|       | for services rendered to the organization                                      | ? If "Yes," c         | compl                             | ete                   | Scł     | nedu          | ıle J f                         | for s  | such person .                     |                   |          | 5 🖌                                    |
| Secti | on B. Independent Contractors  |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
| 1     | Complete this table for your five high   |                       |                                   |                       |         |               |                                 |        |                                   |                   |          |  |
|       | compensation from the organization. Repo                                       | ort compen            | Isation                           | I TOI                 | nthe    | e ca          | iendai                          | r ye   | ear ending with or                | within th         | e orgar  | inzation's tax year.                   |
|       | (A)<br>Name and business add   | ress                  |                                   |                       |         |               |                                 |        | <b>(B)</b><br>Description of serv | vices             |          | <b>(C)</b><br>Compensation             |
| Nerr  |  | 1033                  |                                   |                       |         |               |                                 | -      |                                   | 1000              |          | Compensation                           |
| None  |  |                       |                                   |                       |         |               |                                 | -      |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 | -      |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 | -      |                                   |                   |          |  |
|       |  |                       |                                   |                       |         |               |                                 | -      |                                   |                   |          |  |

| 2 | Total number of independent contractors (including but not limited to those listed above) who |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
|   | received more than \$100,000 of compensation from the organization                            |  |  |  |  |  |  |  |  |

| Form 99  |        |  |              |      |                  |                      |  |                                      | Page  |
|--|--------|--|--------------|------|------------------|----------------------|--|--------------------------------------|---|
| Part   | VIII   | Statement of Revenue<br>Check if Schedule O cont     | aine a ro    | enon | so or noto to an | u lino in this Da    | ort \/III                                    |                                      | Г   |
|  |        | Check II Schedule O com                              |              | spon |                  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
| ເງິງ   | 1a     | Federated campaigns                                  |              | 1a   | 2,100            |                      |  |                                      |   |
| Contributions, Gifts, Grants,<br>and Other Similar Amounts | b      | Membership dues                                      |              | 1b   | 0                |                      |  |                                      |   |
| 5 E  | с      | Fundraising events                                   |              | 1c   | 0                |                      |  |                                      |   |
| L A  | d      | Related organizations                                |              | 1d   | 0                |                      |  |                                      |   |
| la la  | е      | Government grants (contrib                           | outions)     | 1e   | 0                |                      |  |                                      |   |
| Sin  | f      | All other contributions, gifts                       |              |      |                  |                      |  |                                      |   |
|  |        | and similar amounts not includ                       |              | 1f   | 1,242,468        |                      |  |                                      |   |
| 힘  | g      | Noncash contributions incl                           |              |      |                  |                      |  |                                      |   |
| g  |        | lines 1a-1f  |              | 1g   |                  |                      |  |                                      |   |
| ਙ  | h      | Total. Add lines 1a-1f                               |              |      |                  | 1,244,568            |  |                                      |   |
|  |        |  |              |      | Business Code    |                      |  |                                      |   |
| 2  | 2a     | Annual Conference                                    |              |      | 900099           | 30,651               | 30,651                                       | 0                                    |   |
| e  | b      |  |              |      |                  |                      |  |                                      |   |
| Revenue  | С      |  |              |      |                  |                      |  |                                      |   |
| e e  | d      |  |              |      |                  |                      |  |                                      |   |
| Revenue  | е      |  |              |      |                  |                      |  |                                      |   |
|  | f      | All other program service re                         |              |      |                  | 19,122               | 19,122                                       | 0                                    |   |
|  | <br>3  | Total. Add lines 2a-2f<br>Investment income (include |              |      |                  | 49,773               |  |                                      |   |
|  | 3      | other similar amounts)                               |              |      |                  | 20 504               | 20 504                                       |                                      |   |
|  | 4      | Income from investment of                            |              |      |                  | 30,504               | 30,504                                       | 0                                    |   |
|  | 4<br>5 | Royalties  |              |      | · ·              | 0                    | 0  | 0                                    |   |
|  | 5      |  | (i) Real     |      | (ii) Personal    | 0                    | 0  | 0                                    |   |
|  | 6a     | Gross rents 6a                                       | ()           |      |                  |                      |  |                                      |   |
|  | b      | Less: rental expenses 6b                             |              |      |                  |                      |  |                                      |   |
|  | С      | Rental income or (loss) 6c                           |              | 0    | 0                |                      |  |                                      |   |
|  | d      | Net rental income or (loss)                          |              |      |                  |                      |  |                                      |   |
|  | 7a     | Gross amount from                                    | (i) Securiti | es   | (ii) Other       |                      |  |                                      |   |
|  |        | sales of assets                                      |              |      |                  |                      |  |                                      |   |
|  |        | other than inventory 7a                              |              |      |                  |                      |  |                                      |   |
| e  | b      | Less: cost or other basis                            |              |      |                  |                      |  |                                      |   |
| Other Revenue  |        | and sales expenses . 7b                              |              |      |                  |                      |  |                                      |   |
| ě k  | С      | Gain or (loss) 7c                                    |              | 0    | 0                |                      |  |                                      |   |
| ۲<br>۲   | d      | Net gain or (loss)                                   | · · · ·      |      |                  |                      |  |                                      |   |
| th€  | 8a     | Gross income from fund                               | draising     |      |                  |                      |  |                                      |   |
| 0  |        | events (not including \$                             | 0            |      |                  |                      |  |                                      |   |

| ŗ                        | a       | Net gain or (loss)   | <u> </u>      |           |        |   |                        |
|--------------------------|---------|--|---------------|-----------|--------|---|------------------------|
| Other                    | 8a<br>b | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line<br>1c). See Part IV, line 18 84<br>Less: direct expenses 81 | -             |           |        |   |                        |
|                          |         |  | -             |           |        |   |                        |
|                          | c       | Net income or (loss) from fundraising e  | vents         |           |        |   |                        |
|                          | 9a      | Gross income from gaming activities. See Part IV, line 19 . <b>9</b>   | a             |           |        |   |                        |
|                          | b       | Less: direct expenses 9  | b             |           |        |   |                        |
|                          | с       | Net income or (loss) from gaming activi  | ties          |           |        |   |                        |
|                          | 10a     |  |               |           |        |   |                        |
|                          |         | returns and allowances 10  | a             |           |        |   |                        |
|                          | b       | Less: cost of goods sold 10  | b             |           |        |   |                        |
|                          | с       | Net income or (loss) from sales of inver   | ntory         |           |        |   |                        |
| s                        |         |  | Business Code |           |        |   |                        |
| e ou                     | 11a     |  |               |           |        |   |                        |
| scellaneo<br>Revenue     | b       |  |               |           |        |   |                        |
| eve                      | с       |  |               |           |        |   |                        |
| Miscellaneous<br>Revenue | d       | All other revenue  |               | 0         | 0      | 0 | 0                      |
| Σ                        | е       | Total. Add lines 11a–11d   |               | 0         |        |   |                        |
|                          | 12      | Total revenue. See instructions  |               | 1,324,845 | 80,277 | 0 | 0                      |
|                          |         |  |               | · · ·     |        |   | Form <b>990</b> (2023) |

|          | Check if Schedule O contains a response  | e or note to any line | in this Part IX .                         |  | Г                              |
|----------|--|-----------------------|---|--|--------------------------------|
|          | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations<br>and domestic governments. See Part IV, line 21 .<br>Grants and other assistance to domestic                         | 1,276,000             | 1,276,000                                 |  |                                |
| 2        | individuals. See Part IV, line 22  | 0                     | 0   |  |                                |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 654,438               | 654,438                                   |  |                                |
| 4<br>5   | Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees   | 0                     | 0   | 0  |                                |
| 6        | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                 | 0                     | 0   | 0  |                                |
| 7        | Other salaries and wages   | 0                     | 0   | 0  |                                |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 0                     | 0   | 0  |                                |
| 9        | Other employee benefits  | 0                     | 0   | 0  |                                |
| 10       | Payroll taxes  | 0                     | 0   | 0  |                                |
| 11       | Fees for services (nonemployees):  |                       |   |  |                                |
| a        | Management   | 0                     | 0   | 0  |                                |
| b        |  | 0                     | 0   | 0  |                                |
| c<br>d   | Accounting   | 0                     | 0   | 0  |                                |
| e        | Professional fundraising services. See Part IV, line 17  | 0                     | 0   | 0  |                                |
| f        | Investment management fees   | 0                     | 0   | 0  |                                |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .  | 22,455                | 7,588                                     | 13,572   | 1,29                           |
| 12       | Advertising and promotion  | 0                     | 0   | 0  | · · ·                          |
| 13       | Office expenses  | 31,135                | 24,762                                    | 3,284  | 3,08                           |
| 14       | Information technology   | 8,961                 | 0   | 8,961  |                                |
| 15       | Royalties  | 0                     | 0   | 0  |                                |
| 16<br>17 | Occupancy  | 0                     | 0   | 0  |                                |
| 18       | Payments of travel or entertainment expenses<br>for any federal, state, or local public officials  | 0                     | 0   | 0  |                                |
| 19       | Conferences, conventions, and meetings   | 93,964                | 93,964                                    | 0  |                                |
| 20       |  | 0                     | 0   | 0  |                                |
| 21       | Payments to affiliates   | 0                     | 0   | 0  |                                |
| 22       | Depreciation, depletion, and amortization .  | 0                     | 0   | 0  |                                |
| 23<br>24 | Insurance  | 0                     | 0   | 0  |                                |
| -        | (A), amount, list line 24e expenses on Schedule O.)  |                       |   |  |                                |
| a<br>b   | adjustments to grant payable balances<br>license and permits   | -160,500<br>2,161     | -160,500                                  | 0<br>2,161                                       |                                |
| С        |  | 2,101                 | 0   | 2,101  |                                |
| d        | All other evenence   |                       |   |  |                                |
| е<br>25  | All other expenses<br>Total functional expenses. Add lines 1 through 24e   | 0                     | 0   | 0  | 4.00                           |
| 25<br>26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | 1,928,614             | 1,896,252                                 | 27,978   | 4,38                           |

Form 990 (2023)

|               | n 990 (2 | •  |                          |        | Page 11   |
|---------------|----------|--|--------------------------|--------|-----------|
| P             | art X    |  | - V                      |        |           |
|               |          | Check if Schedule O contains a response or note to any line in this Par  | (A)<br>Beginning of year |        |           |
|               | 1        | Cash-non-interest-bearing  | 1,076,477                | 1      | 1,733,763 |
|               | 2        | Savings and temporary cash investments   | 0                        | 2      | .,        |
|               | 3        | Pledges and grants receivable, net   | 30,000                   | 3      | 30,000    |
|               | 4        | Accounts receivable, net   | 0                        | 4      | 0         |
|               | 5        | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |                          |        |           |
|               | 6        | controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)         | 0                        | 5<br>6 | 0         |
| <i>(</i> 0    | 7        | Notes and loans receivable, net  | 0                        | 7      | 0         |
| Assets        | 8        |  | 0                        | 8      | 0         |
| Ase           | 9        | Prepaid expenses and deferred charges  | 0                        | 9      | -         |
|               | 10a      | Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D 10a   | 0                        | 9      | 14,800    |
|               | b        | Less: accumulated depreciation 10b   | 0                        | 10c    |           |
|               | 11       | Investments-publicly traded securities   | 0                        |        | 0         |
|               | 12       | Investments-other securities. See Part IV, line 11   | 1,749,015                | 12     | 1,529,879 |
|               | 13       | Investments-program-related. See Part IV, line 11  | 0                        | 13     | 0         |
|               | 14       | Intangible assets  | 0                        | 14     | 0         |
|               | 15       | Other assets. See Part IV, line 11   | 0                        | 15     | 0         |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 33)  | 2,855,492                | 16     | 3,308,442 |
|               | 17       | Accounts payable and accrued expenses  | 9,000                    | 17     | 9,000     |
|               | 18       | Grants payable   | 1,322,690                | 18     | 2,268,085 |
|               | 19       | Deferred revenue   | 0                        | 19     | 0         |
|               | 20       | Tax-exempt bond liabilities  | 0                        | 20     | 0         |
|               | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D.   | 0                        | 21     | 0         |
| Liabilities   | 22       | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                          |        |           |
| iab           |          | controlled entity or family member of any of these persons   | 0                        | 22     | 0         |
| -             | 23       | Secured mortgages and notes payable to unrelated third parties   | 0                        | 23     | 0         |
|               | 24<br>25 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | 0                        | 24     | 0         |
|               |          | of Schedule D  | 0                        | 25     |           |
|               | 26       | Total liabilities. Add lines 17 through 25   | 1,331,690                | 26     | 2,277,085 |
| seor          |          | Organizations that follow FASB ASC 958, check here<br>and complete lines 27, 28, 32, and 33.   |                          |        |           |
| alaı          | 27       | Net assets without donor restrictions  | 1,523,802                | 27     | 1,031,357 |
| ñ             | 28       | Net assets with donor restrictions   | 0                        | 28     | 0         |
| Fund Balances |          | Organizations that do not follow FASB ASC 958, check here D and complete lines 29 through 33.  |                          |        |           |
| o             | 29       | Capital stock or trust principal, or current funds   |                          | 29     |           |
| ets           | 30       | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 30     |           |
| <b>Ass</b>    | 31       | Retained earnings, endowment, accumulated income, or other funds   |                          | 31     |           |
| Net Assets or | 32       | Total net assets or fund balances  | 1,523,802                | 32     | 1,031,357 |
| ž             | 33       | Total liabilities and net assets/fund balances   | 2,855,492                | 33     | 3,308,442 |

Form **990** (2023)

| Form 99 | 90 (2023)  |        |      |    | Pa    | ge <b>12</b> |
|---------|--|--------|------|----|-------|--------------|
| Par     | 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      |      |    | 1,324 | 4,845        |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   | 2      |      |    | 1,928 | 8,614        |
| 3       | Revenue less expenses. Subtract line 2 from line 1   | 3      |      |    | -603  | 3,769        |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                        | 4      |      |    | 1,523 | 3,802        |
| 5       | Net unrealized gains (losses) on investments   | 5      |      |    | 111   | 1,324        |
| 6       | Donated services and use of facilities   | 6      |      |    |       | 0            |
| 7       | Investment expenses  | 7      |      |    |       | 0            |
| 8       | Prior period adjustments   | 8      |      |    |       | 0            |
| 9       | Other changes in net assets or fund balances (explain on Schedule O)   | 9      |      |    |       | 0            |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                   |        |      |    |       |              |
|         | 32, column (B))  | 10     |      |    | 1,031 | 1,357        |
| 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 Accrual Other   |        |      |    |       |              |
|         | If the organization changed its method of accounting from a prior year or checked "Other," et                    | kplain | on   |    |       |              |
|         | 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 cor                   | npiled | lor  |    |       |              |
|         | 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                   | ted o  | na   |    |       |              |
|         | 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             |        |      |    |       |              |
|         | 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. | xplain | on   |    |       |              |
| •       |  |        | .    |    |       |              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set for           | rth in |      |    |       |              |
|         | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  | · ·    |      | 3a |       | ~            |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not und             |        |      |    |       |              |
|         | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a               | uaits  | •  ; | 3b |       |              |

Form **990** (2023)

| SCHEDULE   | A |
|------------|---|
| (Form 990) |   |

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

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| 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.

| 2023                  |
|-----------------------|
| <b>Open to Public</b> |
| Inspection            |

Name of the organization

| Employer identificat  | ion number |
|-----------------------|------------|
| Employer lacitational |            |

| SPASTIC PARAPLEGIA FOUNDATION INC | 04-3594491 |
|-----------------------------------|------------|
|                                   |            |

| Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruction | ns. |
|---|-----|
|---|-----|

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . .
  - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | listed in you | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti       | on A. Public Support   | . ,                                |                                 | <i>,</i> 1                        | I                                 | /                                       |                                   |  |
|-------------|--|------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|---|-----------------------------------|--|
| Calen       | dar year (or fiscal year beginning in)   | <b>(a)</b> 2019                    | <b>(b)</b> 2020                 | (c) 2021                          | (d) 2022                          | <b>(e)</b> 2023                         | (f) Total                         |  |
| 1           | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 966,989                            | 901,504                         | 1,123,514                         | 1,281,413                         | 1,244,568                               | 5,517,988                         |  |
| 2           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                    |                                 |                                   |                                   |   |                                   |  |
| 3           | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge  |                                    |                                 |                                   |                                   |   |                                   |  |
| 4           | Total. Add lines 1 through 3   | 966,989                            | 901,504                         | 1,123,514                         | 1,281,413                         | 1,244,568                               | 5,517,988                         |  |
| 5           | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount   |                                    |                                 |                                   |                                   |   |                                   |  |
|             | shown on line 11, column (f)   |                                    |                                 |                                   |                                   |   | 1,310,712                         |  |
| 6<br>Secti  | Public support. Subtract line 5 from line 4  |                                    |                                 |                                   |                                   |   | 4,207,276                         |  |
|             | on B. Total Support<br>dar year (or fiscal year beginning in)  | <b>(a)</b> 2019                    | <b>(b)</b> 2020                 | (c) 2021                          | (d) 2022                          | <b>(e)</b> 2023                         | (f) Total                         |  |
| 7           | Amounts from line 4  | 966,989                            | 901,504                         | 1,123,514                         | 1,281,413                         | 1,244,568                               | 5,517,988                         |  |
| 8           | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources   |                                    |                                 |                                   | 1,201,410                         |   |                                   |  |
| 9           | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on .   | 20,022                             | 27,553                          | 29,866                            |                                   | 30,504                                  | 107,945                           |  |
| 10          | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                    |                                 |                                   |                                   |   |                                   |  |
| 11          | Total support. Add lines 7 through 10  |                                    |                                 |                                   |                                   |   | 5,625,933                         |  |
| 12          | Gross receipts from related activities, etc.   |                                    |                                 |                                   |                                   | 12                                      | 81,138                            |  |
| 13<br>Secti | First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Suppor  | re                                 |                                 |                                   | -                                 | ear as a section                        |                                   |  |
| 14          | Public support percentage for 2023 (line 6   | v                                  |                                 | 11, column (f))                   |                                   | 14                                      | 74.78 %                           |  |
| 15          | Public support percentage from 2022 Sch  |                                    | -                               |                                   |                                   | 15                                      | 81.14 %                           |  |
| 16a         | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2023.</b> If the organi box and <b>stop here</b> . The organization qua   | lifies as a publi                  | cly supported                   | organization                      |                                   |   | 🖌                                 |  |
| b           | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2022.</b> If the organi this box and <b>stop here</b> . The organization  |                                    |                                 |                                   | •                                 |   | ,                                 |  |
| 17a         | <b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |                                    |                                 |                                   |                                   |   |                                   |  |
| b           | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>15 is 10% or more, and if the organizatio<br>in Part VI how the organization meets the<br>organization  | n meets the fa<br>e facts-and-cire | cts-and-circur<br>cumstances te | nstances test,<br>est. The organi | check this bo<br>zation qualifies | x and <b>stop he</b><br>s as a publicly | r <b>e</b> . Explain<br>supported |  |
| 18          | <b>Private foundation.</b> If the organization of instructions   | did not check                      | a box on line                   | 13, 16a, 16b,                     | , 17a, or 17b,                    | check this bo                           | x and see                         |  |
|             |  |                                    |                                 |                                   |                                   |   | (Form 990) 2023                   |  |

### 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) 2019      | (b) 2020 | (c) 2021        | (d) 2022        | <b>(e)</b> 2023 | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees  |               |          |                 |                 |                 |           |
|       | received. (Do not include any "unusual grants.")   |               |          |                 |                 |                 |           |
| 2     | Gross receipts from admissions, merchandise  |               |          |                 |                 |                 |           |
|       | sold or services 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  |               |          |                 |                 |                 |           |
|       | received from disqualified persons .   |               |          |                 |                 |                 |           |
| b     | Amounts included on lines 2 and 3  |               |          |                 |                 |                 |           |
|       | received from other than disqualified  |               |          |                 |                 |                 |           |
|       | persons that exceed the greater of \$5,000   |               |          |                 |                 |                 |           |
|       | or 1% of the amount on line 13 for the year  |               |          |                 |                 |                 |           |
| С     | Add lines 7a and 7b  |               |          |                 |                 |                 |           |
| 8     | Public support. (Subtract line 7c from   |               |          |                 |                 |                 |           |
|       | line 6.)   |               |          |                 |                 |                 |           |
| Secti | on B. Total Support  |               |          | -               |                 |                 |           |
| Calen | dar year (or fiscal year beginning in)   | (a) 2019      | (b) 2020 | (c) 2021        | (d) 2022        | <b>(e)</b> 2023 | (f) Total |
| 9     | Amounts from line 6  |               |          |                 |                 |                 |           |
| 10a   | Gross income from interest, dividends,   |               |          |                 |                 |                 |           |
|       | payments received on securities loans, rents,  |               |          |                 |                 |                 |           |
|       | royalties, and income from similar sources   |               |          |                 |                 |                 |           |
| b     | Unrelated business taxable income (less  |               |          |                 |                 |                 |           |
|       | section 511 taxes) from businesses acquired after June 30, 1975                            |               |          |                 |                 |                 |           |
|       | ,  |               |          |                 |                 |                 |           |
|       | Add lines 10a and 10b  |               |          |                 |                 |                 |           |
| 11    | Net income from unrelated business   |               |          |                 |                 |                 |           |
|       | activities not included on line 10b, whether   |               |          |                 |                 |                 |           |
|       | or not the business is regularly carried on  |               |          |                 |                 |                 |           |
| 12    | Other income. Do not include gain or   |               |          |                 |                 |                 |           |
|       | loss from the sale of capital assets   |               |          |                 |                 |                 |           |
| 10    | (Explain in Part VI.)  |               |          |                 |                 |                 | _         |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                      |               |          |                 |                 |                 |           |
| 14    | and 12.)   | organization  | <br>     | third fourth    | or fifth toy yo | or 00 0 000     | 1         |
| 14    | organization, check this box and <b>stop he</b>  | -             |          |                 | •               |                 |           |
| Socti | on C. Computation of Public Suppor   |               |          |                 |                 |                 | · · · · _ |
| 15    | Public support percentage for 2023 (line 8   | -             |          | 12 column (f))  |                 | 15              | %         |
| 16    | Public support percentage for 2023 (inter<br>Public support percentage from 2022 Sch       |               |          |                 |                 | 16              | %         |
|       | on D. Computation of Investment In   |               |          |                 |                 |                 | 70        |
| 17    | Investment income percentage for 2023 (  |               | -        | ov line 13 colu | imn (f))        | 17              | %         |
| 18    | Investment income percentage from 2022   |               |          | -               |                 | 18              | %         |
| 19a   | 33 <sup>1</sup> / <sub>3</sub> % support tests – 2023. If the organ                        |               |          |                 |                 |                 |           |
| 194   | 17 is not more than $33^{1/3}$ %, check this box   |               |          |                 |                 |                 |           |
| b     | <b>33</b> <sup>1</sup> / <sub>3</sub> % support tests – 2022. If the organiz               | -             | -        | -               |                 | -               |           |
| ~     | line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this                      |               |          |                 |                 |                 |           |
| 20    | <b>Private foundation.</b> If the organization di  | -             | -        | -               |                 |                 |           |
|       | · ····ato roundation: in the organization di   | a not oneon a |          | , 100, 01 100,  |                 |                 |           |

Schedule A (Form 990) 2023

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? 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

### 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.

### 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.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | jani   | zations                  |                                |
|------|--|--------|--------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying<br>instructions. All other Type III non-functionally integrated supporting organ   |        |                          | ions A through E.              |
| Sect | ion A—Adjusted Net Income  |        | (A) Prior Year           | (B) Current Year<br>(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<br>of gross income or for management, conservation, or maintenance of<br>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<br>(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    | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |        |                          |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2      |                          |                                |
| 3    | Subtract line 2 from line 1d.  | 3      |                          |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4      |                          |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5      |                          |                                |
| 6    | Multiply line 5 by 0.035.  | 6      |                          |                                |
| 7    | Recoveries of prior-year distributions   | 7      |                          |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8      |                          |                                |
| Sect | ion C—Distributable Amount   | -      |                          | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1      |                          |                                |
| 2    | Enter 0.85 of line 1.  | 2      |                          |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3      |                          |                                |
| 4    | Enter greater of line 2 or line 3.   | 4      |                          |                                |
| 5    | Income tax imposed in prior year   | 5      |                          |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |        |                          |                                |
|      | emergency temporary reduction (see instructions).  | 6      |                          |                                |
| 7    | Check here if the current year is the organization's first as a non-function   | allv i | ntegrated Type III suppo | rting organization             |

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

| Schedu | le A (Form 990) 2023   |                             |  | Page <b>7</b>                             |
|--------|--|-----------------------------|--|---|
| Part   | V Type III Non-Functionally Integrated 509(a)(3  | B) Supporting Organi        | zations (continued)                    |   |
| Sect   | on D-Distributions   |                             |  | Current Year                              |
| 1      | Amounts paid to supported organizations to accomplish e  |                             | 1                                      |   |
| 2      | Amounts paid to perform activity that directly furthers exe  | empt purposes of suppo      | orted                                  |   |
|        | organizations, in excess of income from activity   |                             | 2                                      |   |
| 3      | Administrative expenses paid to accomplish exempt purp   | oses of supported orga      | inizations 3                           |   |
| 4      | Amounts paid to acquire exempt-use assets  |                             | 4                                      |   |
| 5      | Qualified set-aside amounts (prior IRS approval required-  | •                           | <i>VI</i> ) 5                          |   |
| 6      | Other distributions (describe in Part VI). See instructions.   |                             | 6                                      |   |
| 7      | Total annual distributions. Add lines 1 through 6.   |                             | 7                                      |   |
| 8      | Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res   | ponsive                                |   |
| 9      | Distributable amount for 2023 from Section C, line 6   |                             | 9                                      |   |
| 10     | Line 8 amount divided by line 9 amount   |                             | 10                                     | )   |
| Sect   | ion E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
| 1      | Distributable amount for 2023 from Section C, line 6   |                             |  |   |
| 2      | Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.  |                             |  |   |
| 3      | Excess distributions carryover, if any, to 2023  |                             |  |   |
| а      | From 2018  |                             |  |   |
| b      | From 2019  |                             |  |   |
| С      | From 2020  |                             |  |   |
| d      | From 2021  |                             |  |   |
| e      | From 2022  |                             |  |   |
| f      | Total of lines 3a through 3e   |                             |  |   |
| g      | Applied to underdistributions of prior years   |                             |  |   |
| h      | Applied to 2023 distributable amount   |                             |  |   |
| i      | Carryover from 2018 not applied (see instructions)   |                             |  |   |
| j      | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                             |  |   |
| 4      | Distributions for 2023 from<br>Section D, line 7: \$   |                             |  |   |
| а      | Applied to underdistributions of prior years   |                             |  |   |
| b      | Applied to 2023 distributable amount   |                             |  |   |
| C      | Remainder. Subtract lines 4a and 4b from line 4.   |                             |  |   |
| 5      | Remaining underdistributions for years prior to 2023, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, <i>explain in <b>Part VI</b></i> . See instructions. |                             |  |   |
| 6      | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                                     |                             |  |   |
| 7      | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.  |                             |  |   |
| 8      | Breakdown of line 7:   |                             |  |   |
| а      | Excess from 2019   |                             |  |   |
| b      | Excess from 2020   |                             |  |   |
| С      | Excess from 2021   |                             |  |   |
| d      | Excess from 2022   |                             |  |   |
| e      | Excess from 2023   |                             |  |   |

Schedule A (Form 990) 2023

Part VISupplemental 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.)

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| (Form | 990) |   |

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 2023 Open to Public

OMB No. 1545-0047

|        | nent of the Treasury |   | ttach to Form 990.     |                        | ian         | Open to Public                  |
|--------|----------------------|---|------------------------|------------------------|-------------|---------------------------------|
|        | Revenue Service      | Go to www.irs.gov/Form99  | o for instructions ar  | ia the latest informat |             | Inspection                      |
|        | of the organization  |   |                        |                        | Employer i  | dentification number            |
|        |                      | A FOUNDATION INC  | and Euroda ar Ot       | har Cimilar Fund       |             | 04-3594491                      |
| Par    |                      | zations Maintaining Donor Advised to a construct the organization answered      |                        |                        | S OF ACC    | ounts                           |
|        | Comple               | ete il the organization answered  |                        | dvised funds           | (b)         | Funds and other accounts        |
| 1      | Total number a       | at end of year  | (a) Donor a            |                        | (6)         |                                 |
| 2      |                      | ue of contributions to (during year)  |                        |                        |             |                                 |
| 3      |                      | ue of grants from (during year)   |                        |                        |             |                                 |
| 4      |                      | le at end of year   |                        |                        |             |                                 |
| 5      |                      | zation inform all donors and donor a  | advisors in writing    | that the assets held   | d in dono   | r advised                       |
|        |                      | organization's property, subject to the   |                        |                        |             |                                 |
| 6      | Did the organia      | zation inform all grantees, donors, an  | d donor advisors i     | n writing that grant   | funds car   | n be used                       |
|        |                      | able purposes and not for the benefit   |                        |                        | -           |                                 |
|        | conferring imp       | ermissible private benefit?   |                        |                        |             | · · · 🗌 Yes 🗌 No                |
| Par    | t II Consei          | rvation Easements   |                        |                        |             |                                 |
|        | Comple               | ete if the organization answered "  | es" on Form 990        | ), Part IV, line 7.    |             |                                 |
| 1      |                      | conservation easements held by the o  |                        |                        |             |                                 |
|        |                      | of land for public use (for example, recrea                                     | ation or education)    |                        |             |                                 |
|        |                      | of natural habitat  |                        | Preservation of        | a certified | d historic structure            |
| •      |                      | n of open space   |                        |                        | in the few  |                                 |
| 2      |                      | s 2a through 2d if the organization held<br>he last day of the tax year.        | d a qualified conse    | rvation contribution   | in the for  |                                 |
| _      |                      |   |                        |                        | 0-          | Held at the End of the Tax Year |
| a<br>k |                      |   |                        |                        |             |                                 |
| b      | -                    | restricted by conservation easements<br>nservation easements on a certified his |                        |                        | -           |                                 |
| c<br>d |                      | servation easements included on line  |                        |                        | -           |                                 |
|        |                      | ructure listed in the National Register   |                        |                        | · 2d        |                                 |
| 3      |                      | nservation easements modified, trans  |                        | tinguished, or term    | _           | the organization during the     |
|        | tax year             | ,   |                        |                        |             |                                 |
| 4      | Number of stat       | tes where property subject to conserv   | ation easement is      | located                |             |                                 |
| 5      |                      | anization have a written policy rega  |                        |                        |             |                                 |
|        | violations, and      | enforcement of the conservation eas   | ements it holds?       |                        |             | · · · 🗌 Yes 🗌 No                |
| 6      | Staff and volunt     | eer hours devoted to monitoring, inspec   | ting, handling of viol | ations, and enforcing  | conservati  | ion easements during the year   |
|        |                      |   |                        |                        |             |                                 |
| 7      | Amount of expe       | enses incurred in monitoring, inspecting  | g, handling of violati | ons, and enforcing c   | onservatic  | on easements during the year    |
|        |                      |   |                        |                        |             |                                 |
| 8      |                      | nservation easement reported on line 2<br>0(h)(4)(B)(ii)?                       |                        |                        |             |                                 |
| 9      |                      | scribe how the organization reports co  |                        |                        |             |                                 |
| 3      |                      | ude, if applicable, the text of the foot  |                        |                        | •           |                                 |
|        |                      | accounting for conservation easemer   | -                      |                        |             |                                 |
| Part   | Organi               | zations Maintaining Collections   | of Art. Historica      | al Treasures, or C     | )ther Sin   | nilar Assets                    |
| i ai t |                      | ete if the organization answered "  |                        |                        |             |                                 |
| 1a     |                      | tion elected, as permitted under FASI   |                        |                        | e stateme   | nt and balance sheet works      |
|        |                      | al treasures, or other similar assets   |                        |                        |             |                                 |
|        |                      | e in Part XIII the text of the footnote to                                      |                        |                        |             |                                 |
| b      | If the organiza      | tion elected, as permitted under FAS  | B ASC 958, to rep      | ort in its revenue st  | atement a   | and balance sheet works of      |
|        | art, historical ti   | reasures, or other similar assets held  | for public exhibitio   | n, education, or rese  | earch in fu | Irtherance of public service,   |
|        | -                    | lowing amounts relating to these item   |                        |                        |             |                                 |
|        | (i) Revenue ind      | cluded on Form 990, Part VIII, line 1   |                        |                        |             | . \$                            |
|        | (ii) Assets inclu    | uded in Form 990, Part X  |                        |                        |             | . \$                            |
| 2      | If the organiza      | ation received or held works of art,  | historical treasures   | s, or other similar a  | assets for  | financial gain, provide the     |
|        | -                    | unts required to be reported under FA   |                        | -                      |             |                                 |
| а      | Revenue inclu        | ded on Form 990. Part VIII. line 1  |                        |                        |             | . \$                            |

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\$

| Schedu    | le D (Form 990) 2023   |                           |                |             |                |           |                     |                   | Page <b>2</b> |
|-----------|--|---------------------------|----------------|-------------|----------------|-----------|---------------------|-------------------|---------------|
| Part      | III Organizations Maintaining  | <b>Collections of</b>     | Art, His       | torical T   | Freasures,     | or Ot     | her Similar As      | sets (co          | ntinued)      |
| 3         | Using the organization's acquisition, a collection items (check all that apply). | accession, and of         | ther reco      | rds, chec   | k any of the   | e follov  | ving that make s    | significant       | use of its    |
| а         | Public exhibition  |                           | d              | Loan        | or exchange    | e progr   | am                  |                   |               |
| b         | Scholarly research   |                           | e              |             | •              |           |                     |                   |               |
| С         | Preservation for future generations  |                           |                | _           |                |           |                     |                   |               |
| 4         | Provide a description of the organizat   |                           | and expla      | ain how tl  | hey further    | the org   | anization's exer    | npt purpo         | se in Part    |
|           | XIII.  |                           |                |             |                |           |                     |                   |               |
| 5         | During the year, did the organization  | solicit or receive        | donation       | s of art,   | historical tr  | easure    | s, or other simil   | ar                |               |
|           | assets to be sold to raise funds rather  | than to be mainta         | ained as p     | part of the | e organizati   | on's co   | ollection?          | 🗌 Ye              | s 🗌 No        |
| Part      | IV Escrow and Custodial Arra   | ingements                 |                |             |                |           |                     |                   |               |
|           | Complete if the organization 990, Part X, line 21.                               | answered "Yes             | s" on For      | m 990, F    | Part IV, line  | e 9, or   | reported an ar      | nount on          | Form          |
| 1a        | Is the organization an agent, trustee, included on Form 990, Part X?             |                           |                |             |                |           |                     | ot                | s 🗌 No        |
| b         | If "Yes," explain the arrangement in Pa  |                           |                |             |                |           |                     |                   |               |
|           |  |                           |                | no mig u    |                |           | Δ                   | mount             |               |
| с         | Beginning balance  |                           |                |             |                | 10        |                     |                   |               |
| d         | Additions during the year  |                           |                |             |                | 10        |                     |                   |               |
| e         | Distributions during the year  |                           |                |             |                | 16        |                     |                   |               |
| f         | Ending balance   |                           |                |             |                | 1f        |                     |                   |               |
| 2a        | Did the organization include an amour  |                           |                |             |                |           |                     | /? 🗌 <b>Ye</b>    | s 🗌 No        |
|           | If "Yes," explain the arrangement in Pa  |                           |                |             |                |           | -                   |                   |               |
| Par       |  |                           |                |             |                | •         |                     |                   |               |
|           | Complete if the organization   | answered "Yes             | " on For       | m 990, F    | Part IV, line  | e 10.     |                     |                   |               |
|           | · · · · ·  | (a) Current year          | <b>(b)</b> Pri | or year     | (c) Two year   | s back    | (d) Three years bac | k (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  | he current year er        | nd balanc      | e (line 1g  | i, column (a   | )) held : | as:                 |                   |               |
| а         | Board designated or quasi-endowmer   | nt                        | %              |             |                |           |                     |                   |               |
| b         | Permanent endowment  | _%                        |                |             |                |           |                     |                   |               |
| С         | Term endowment%  |                           |                |             |                |           |                     |                   |               |
|           | The percentages on lines 2a, 2b, and   |                           |                |             |                |           |                     |                   |               |
| 3a        | Are there endowment funds not in the   | e possession of th        | he organi      | zation that | at are held    | and ad    | ministered for th   |                   |               |
|           | organization by:   |                           |                |             |                |           |                     |                   | Yes No        |
|           | (i) Unrelated organizations?   |                           |                |             |                |           |                     | 3a(i)             |               |
|           | (ii) Related organizations?  |                           |                |             |                |           |                     | 3a(ii)            |               |
| b         | If "Yes" on line 3a(ii), are the related of                                      | -                         |                |             |                | • •       |                     | 3b                |               |
| 4<br>Dorf | Describe in Part XIII the intended uses  |                           | on's endo      | wment fi    | unas.          |           |                     |                   |               |
| Pari      | <b>VI</b> Land, Buildings, and Equip   |                           | " on For       | m 000 E     | Dart IV line   | 110       | See Form 000        | Dort V I          | ino 10        |
|           | Complete if the organization<br>Description of property                          | (a) Cost or o             |                |             | or other basis |           | Accumulated         | (d) Book          |               |
|           | Description of property  | (a) Cost of o<br>(investm |                |             | ther)          | • • •     | epreciation         | ( <b>a</b> ) Book | value         |
| 1a        | Land   |                           |                |             |                |           |                     |                   |               |
| b         | Buildings  |                           |                |             |                |           |                     |                   |               |
| С         | Leasehold improvements   |                           |                |             |                |           |                     |                   |               |
| d         | Equipment  |                           |                |             |                |           |                     |                   |               |
| e         | Other  |                           |                |             |                |           |                     |                   |               |
| Total.    | Add lines 1a through 1e. (Column (d) n   | nust equal Form 9         | 90, Part X     | K, line 10a | c, column (E   | 3)) .     |                     |                   |               |

#### 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 0 (2) Closely held equity interests 0 (3) Other Certificates of Deposit 1,529,879 End-of-Year Market Value (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) 1.529.879 Investments – Program Related Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX 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, line 15, col. (B)) **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, line 25, col. (B))

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

| Schedu | ıle D (Form 990) 2023   |               |                        |            | Page 4    |
|--------|---|---------------|------------------------|------------|-----------|
| Par    | •   |               |                        | Return     |           |
|        | Complete if the organization answered "Yes" on Form 990,  |               |                        |            |           |
| 1      | Total revenue, gains, and other support per audited financial statements  | • •           |                        | 1          | 1,472,929 |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 0-            |                        |            |           |
| a<br>L | Net unrealized gains (losses) on investments  | 2a<br>2b      | 111,324                |            |           |
| b      | Donated services and use of facilities  | 20<br>2c      | 36,760                 |            |           |
| c<br>d | Recoveries of prior year grants   | 20<br>2d      | 0                      |            |           |
| e      | Add lines <b>2a</b> through <b>2d</b>   | -             | -                      | 2e         | 148,084   |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  |               |                        | 3          | 1,324,845 |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | i .           |                        |            | 1,324,045 |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a            | 0                      |            |           |
| b      | Other (Describe in Part XIII.)  | 4b            | 0                      |            |           |
| c      | Add lines <b>4a</b> and <b>4b</b>   |               | •                      | 4c         | 0         |
| 5      | Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>  |               |                        | 5          | 1,324,845 |
| Part   |   |               |                        | -          | 1,524,045 |
| r ar c | Complete if the organization answered "Yes" on Form 990,  |               |                        |            |           |
| 1      | Total expenses and losses per audited financial statements  |               | v, iiio 12u.           | 1          | 1,965,374 |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | • •           |                        |            | 1,703,374 |
| a      | Donated services and use of facilities  | 2a            | 36,760                 |            |           |
| b      | Prior year adjustments  | 2b            | 0                      | -          |           |
| c      | Other losses  | 2c            | 0                      | -          |           |
| d      | Other (Describe in Part XIII.)  | 20<br>2d      | 0                      |            |           |
| e      | Add lines <b>2a</b> through <b>2d</b>   | -             |                        | 2e         | 36,760    |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  |               |                        | 3          |           |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | i ·           |                        | 5          | 1,928,614 |
| -<br>a | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a            | 0                      |            |           |
| a<br>b | Other (Describe in Part XIII.)  | 4b            | 0                      | 1          |           |
| c      | Add lines <b>4a</b> and <b>4b</b>   |               | •                      | 4c         | 0         |
| 5      | Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, lin</i>  |               |                        | 5          | 1,928,614 |
| Part   |   | <u>c 10.)</u> |                        | 5          | 1,920,014 |
|        | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to pro        | vide any additional in | formation. |           |
|        |   |               |                        |            |           |
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|   | EDULE F                          | State                          | ement of   | f Activitie   | es Outside the Uni   | ited States  |                      | OMB No. 1545-0047   |
|---|----------------------------------|--------------------------------|--|---|--|--|----------------------|---|
| (Forr   | n 990)                           |                                |  |   | ed "Yes" on Form 990, Part IV  |  |                      | 2023  |
| Department of the Treasury<br>Internal Revenue Service       Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information. |                                  |                                |  |   |  | C  | pen to Public        |   |
| Name  | of the organization              |                                |  |   |  |  |                      | entification number   |
| -   | TIC PARAPLEGI                    |                                |  |   |  |  | _                    | 1-3594491   |
| Par   |                                  | ), Part IV, line               |  | ies Outside   | the United States. Con   | nplete if the orga   | anization ar         | nswered "Yes" on  |
| 1   | other assistan<br>award the grar | ce, the grantents or assistant | ees' eligibility<br>ce?                          | / for the gran  | cords to substantiate the a<br>ts or assistance, and the   | selection criteria   | used to              | ☑ Yes 🗌 No  |
| 2   | For grantmak<br>outside the Un   |                                | in Part V the                                    | e organization  | 's procedures for monitorir  | ng the use of its  | grants and           | 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>(b)</b> Number<br>of offices in<br>the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the<br>region (by type) (such as,<br>fundraising, program services,<br>investments, grants to recipients<br>located in the region) | (e) If activity liste<br>a program se<br>describe specifi<br>service(s) in the | ervice,<br>c type of | (f) Total<br>expenditures for<br>and investments<br>in the region |
| (1)   | Europe (includin                 | g Iceland and C                | 0  | 0   | Grantmaking  | Grants were awa  | arded to fun         | 654,438   |
| (2)   |                                  |                                |  |   |  |  |                      |   |
| (3)   |                                  |                                |  |   |  |  |                      |   |
| (4)   |                                  |                                |  |   |  |  |                      |   |
| (5)   |                                  |                                |  |   |  |  |                      |   |
| (6)   |                                  |                                |  |   |  |  |                      |   |
| (7)   |                                  |                                |  |   |  |  |                      |   |
| (8)   |                                  |                                |  |   |  |  |                      |   |
| (9)   |                                  |                                |  |   |  |  |                      |   |
| (10)  |                                  |                                |  |   |  |  |                      |   |
| (11)  |                                  |                                |  |   |  |  |                      |   |
| (12)  |                                  |                                |  |   |  |  |                      |   |
| (13)  |                                  |                                |  |   |  |  |                      |   |

0

0

Subtotal . . . . . .

Total from continuation

(14)

(15)

(16)

(17)

3a

b

654,438

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

| 1    | (a) Name of organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                                       | (d) Purpose of<br>grant | <b>(e)</b> Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|------|--------------------------|--|--|-------------------------|---------------------------------|---------------------------------------|--|--|--|
| (1)  |                          |  | Europe (including lo                             | The organization mad    | 654,438                         | wire transfer                         | 0                                      |  | USD  |
| (2)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (3)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (4)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (5)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (6)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (7)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (8)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (9)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 10)  |                          |  |  |                         |                                 |                                       |  |  |  |
| (11) |                          |  |  |                         |                                 |                                       |  |  |  |
| 12)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 13)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 14)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 15)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 16)  |                          |  |  |                         |                                 |                                       |  |  |  |
| 2    | Enter total nu           | mber of recipi                                     | ent organizations lis                            | sted above that are re  | cognized as cha                 | rities by the foreign                 | country, recognized                    | as a tax                                 |  |
| 3    | Enter total nu           | nder of other c                                    | n by the IKS, of for v<br>proanizations or entit | which the grantee or co | ounsel nas provid               | ied a section 501(C)(3                | equivalency letter                     | •••                                      | 0<br>5   |

Schedule F (Form 990) 2023

Page **2** 

Part III

|   |   |   |  | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)   |
|---|---|---|--|--|
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## Page **3** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2023

| hedı | Ile F (Form 990) 2023  |       | Page 4 |
|------|--|-------|--------|
| art  | V Foreign Forms  |       |        |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)   | ☐ Yes | 🗹 No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may<br>be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and<br>Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a<br>U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes | ✓ No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)   | ☐ Yes | ビ No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)  | Yes   | ☑ No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)   | ☐ Yes | ✓ No   |
|      |  |       |        |

Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) Yes 🖌 No

Schedule F (Form 990) 2023

## 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.

Schedule F, Part I, Line 2 - The Organization has a Scientific Advisory Board that reviews and ranks the proposals according to their alignment with the mission of SPF. The Board of Directors reviews this ranking and makes awards based upon the availability of funds from donations. Awards typically are paid in 5 installments. The first installment is made upon receipt of a countersigned research grant agreement. The second through fourth installment payments are made upon receipt of an interim progress report describing the research conducted under the award to date. The fifth installment payment is made upon receipt of a final report of clinical findings and a financial report detailing how the funds of the award were utilized.

| SCHEDULE I<br>(Form 990)   | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |
|----------------------------|--|
| Department of the Treasury | Attach to Form 990.  |
| Department of the freasury |  |



Internal Revenue Service Name of the organization

Employer identification number

04-3594491

SPASTIC PARAPLEGIA FOUNDATION INC

| Part I | Gene | eral Inform | nation on | Grants : | and Assistance |  |      |      | <br> |
|--------|------|-------------|-----------|----------|----------------|--|------|------|------|
|        |      |             |           |          | • · · · · · ·  |  | <br> | <br> |      |

| 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?   | 🗌 No |  |
| 2 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  |      |  |

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

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.

| <b>1</b> (a) Name and address of organization<br>or government | <b>(b)</b> EIN     | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|---|--|---|
| (1) Sch I, Stmt 1  |                    |                                    |                          |                                  |   |  |   |
| (2)  |                    |                                    |                          |                                  |   |  |   |
| (3)  |                    |                                    |                          |                                  |   |  |   |
| (4)  |                    |                                    |                          |                                  |   |  |   |
| (5)  |                    |                                    |                          |                                  |   |  |   |
| (6)  |                    |                                    |                          |                                  |   |  |   |
| (7)  |                    |                                    |                          |                                  |   |  |   |
| (8)  |                    |                                    |                          |                                  |   |  |   |
| (9)  |                    |                                    |                          |                                  |   |  |   |
| (10)   |                    |                                    |                          |                                  |   |  |   |
| (11)   |                    |                                    |                          |                                  |   |  |   |
| (12)   |                    |                                    |                          |                                  |   |  |   |
| 2 Enter total number of section                                | 501(c)(3) and go   | vernment organiza                  | tions listed in the l    | ine 1 table                      |   |  | 0   |
| 3 Enter total number of other o                                | rganizations liste | d in the line 1 table              | e                        |                                  |   |  | . 6                                       |

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

| Part III     | Grants and Other Assistance to Do<br>Part III can be duplicated if additiona                   | mestic Individu          | <b>als.</b> Complete if the | e organization answ              | vered "Yes" on Form 990                               | , Part IV, line 22.                   |
|--------------|--|--------------------------|-----------------------------|----------------------------------|---|---------------------------------------|
|              | (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<br>Part IV | Supplemental Information. Provide  | the information i        | required in Part I. lir     | ne 2: Part III. colum            | h (b): and any other addit                            | ional information.                    |
|              | Part I, Line 2 - The Organization has a Scient   |                          | •                           |                                  | ., .  |                                       |
|              | eviews this ranking and makes awards based   |                          |                             |                                  |   |                                       |
| of a counte  | ersigned research grant agreement. The seco<br>award to date. The fifth installment payment is | nd through fourth ir     | nstallment payments a       | re made upon receipt c           | of an interim progress report of                      | describing the research conducted     |
|              |  |                          |                             |                                  |   |                                       |
|              |  |                          |                             |                                  |   |                                       |
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|              |  |                          |                             |                                  |   |                                       |

Schedule I (Form 990) 2023

### Schedule I, Part IV, Statement 1

### Form: Schedule I (2023)

Page: 1

SPASTIC PARAPLEGIA FOUNDATION INC

EIN: 04-3594491

Part II, Line 1

|  |   | Recipient EIN | Amt. of cash grant | Amt. of non-<br>cash asst. |
|--|---|---------------|--------------------|----------------------------|
| Name and address   | Columbia University<br>PO Box 29789<br>New York, NY 10087   | 13-5598093    | 76,000             | C                          |
| IRC code section   | New FOR, NT 10087   |               |                    |                            |
| Method of valuation  | cash  |               |                    |                            |
| Desc. of Non-Cash Asst.  | NA  |               |                    |                            |
| Purpose of grant   | medical research - additional support for the previously awarded<br>"Establishing the natural history of PLS for future clinical trials: Analyzing<br>disease progress in patients with PLS to develop historical controls which<br>can be used for the first clinical trial in PLS in the near future". Led by Dr.<br>Mitsumoto. |               |                    |                            |
| Name and address   | Drexel University<br>1505 15th Street<br>Philadelphia, PA 19102   | 23-1352630    | 150,000            | 0                          |
| IRC code section   |   |               |                    |                            |
| Method of valuation<br>Desc. of Non-Cash Asst.                     | book  |               |                    |                            |
| Purpose of grant   | medical research led by Dr. Piermarini  |               |                    |                            |
| Name and address   | Mayo Clinic<br>4500 San Pablo Road  | 41-6011702    | 150,000            | 0                          |
|  | Jacksonville, FL 32224  |               |                    |                            |
| IRC code section<br>Method of valuation<br>Desc. of Non-Cash Asst. | book  |               |                    |                            |
| Purpose of grant   | medical research let by Dr. Blitterswijk.   |               |                    |                            |
| Name and address   | Drexel University<br>1505 15th Street   | 23-1352630    | 150,000            | 0                          |
| IRC code section   | Philadelphia, PA 19102  |               |                    |                            |
| Method of valuation<br>Desc. of Non-Cash Asst.                     | book  |               |                    |                            |
| Purpose of grant   | medical research led by Dr. Baas.   |               |                    |                            |
| Name and address   | Northwestern University<br>633 Clark Street<br>Suite G-547<br>Evanston, IL 60208  | 36-2167817    | 150,000            | 0                          |
| IRC code section   |   |               |                    |                            |
| Method of valuation<br>Desc. of Non-Cash Asst.                     | book  |               |                    |                            |
| Purpose of grant   | medical research led by Dr. Gautam.   |               |                    |                            |
| Name and address   | Boston Children's Hospital<br>300 Longwood Avenue<br>Boston, MA 02115   | 04-2774441    | 600,000            | 0                          |
| IRC code section<br>Method of valuation<br>Desc. of Non-Cash Asst. | book  |               |                    |                            |
| Purpose of grant   | research collaboration - Centers of Excellence - led by Dr. Fahkari.  |               |                    |                            |

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023

**Open to Public** 

Inspection

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

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

Department of the Treasury Internal Revenue Service Name of the organization

### SPASTIC PARAPLEGIA FOUNDATION INC

| 0 | 4-3 | 59 | 449 | 1 |
|---|-----|----|-----|---|

| Part | Types of Property                     |                                      |   |  |                       |      |     |    |
|------|---------------------------------------|--------------------------------------|---|--|-----------------------|------|-----|----|
|      |                                       | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | Method of noncash con |      |     |    |
| 1    | Art-Works of art                      |                                      |   |  |                       |      |     |    |
| 2    | Art-Historical treasures              |                                      |   |  |                       |      |     |    |
| 3    | Art-Fractional interests              |                                      |   |  |                       |      |     |    |
| 4    | Books and publications                |                                      |   |  |                       |      |     |    |
| 5    | Clothing and household                |                                      |   |  |                       |      |     |    |
|      | goods                                 |                                      |   |  |                       |      |     |    |
| 6    | Cars and other vehicles               |                                      |   |  |                       |      |     |    |
| 7    | Boats and planes                      |                                      |   |  |                       |      |     |    |
| 8    | Intellectual property                 |                                      |   |  |                       |      |     |    |
| 9    | Securities-Publicly traded            |                                      |   |  |                       |      |     |    |
| 10   | Securities-Closely held stock .       |                                      |   |  |                       |      |     |    |
| 11   | Securities-Partnership, LLC,          |                                      |   |  |                       |      |     |    |
|      | or trust interests                    |                                      |   |  |                       |      |     |    |
| 12   | Securities-Miscellaneous              | ~                                    | 3   | 182,774  | fair value at         | sale |     |    |
| 13   | Qualified conservation                |                                      |   |  |                       |      |     |    |
|      | contribution—Historic                 |                                      |   |  |                       |      |     |    |
|      | structures                            |                                      |   |  |                       |      |     |    |
| 14   | Qualified conservation                |                                      |   |  |                       |      |     |    |
|      | contribution-Other                    |                                      |   |  |                       |      |     |    |
| 15   | Real estate – Residential             |                                      |   |  |                       |      |     |    |
| 16   | Real estate – Commercial              |                                      |   |  |                       |      |     |    |
| 17   | Real estate – Other                   |                                      |   |  |                       |      |     |    |
| 18   | Collectibles                          |                                      |   |  |                       |      |     |    |
| 19   | Food inventory                        |                                      |   |  |                       |      |     |    |
| 20   | Drugs and medical supplies            |                                      |   |  |                       |      |     |    |
| 21   | Taxidermy                             |                                      |   |  |                       |      |     |    |
| 22   | Historical artifacts                  |                                      |   |  |                       |      |     |    |
| 23   | Scientific specimens                  |                                      |   |  |                       |      |     |    |
| 24   | Archeological artifacts               |                                      |   |  |                       |      |     |    |
| 25   | Other (                               | )                                    |   |  | ļ                     |      |     |    |
| 26   | Other (                               | )                                    |   |  | ļ                     |      |     |    |
| 27   | Other (                               | )                                    |   |  | ļ                     |      |     |    |
| 28   | Other (                               | )                                    |   |  | ļ                     |      |     |    |
| 29   | Number of Forms 8283 received         |                                      |   |  |                       |      |     |    |
|      | which the organization completed      | Form 8283                            | 3, Part V, Donee Acknowled                                    | agement  | 29                    |      |     |    |
|      |                                       |                                      |   |  |                       | Y    | ′es | No |
| 30a  | During the year, did the organization |                                      |   |  |                       |      |     |    |
|      | 28, that it must hold for at least 3  |                                      |   |  |                       |      |     |    |
|      | used for exempt purposes for the      |                                      |   |  |                       | 30a  |     | ~  |
|      | If "Yes," describe the arrangemen     |                                      | stance weller it is it.                                       | - the marker of  |                       |      |     |    |
| 31   | Does the organization have a          |                                      |   | es the review of any no  | onstandard            |      |     |    |
| 00 - |                                       |                                      | · · · · · · · · · ·   |  | • • •                 | 31   |     | ~  |
| 32a  | Does the organization hire or use     |                                      |   |  |                       |      |     |    |
|      | contributions?                        |                                      |   |  |                       | 32a  | ~   |    |

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| Schedule M (Form 990) 2023 Page 2 |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Part II                           | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |  |  |  |
| Schedule M                        | I, Part I, Line 32b - The organization holds a brokerage account with Synovus Securities for the purpose of converting donated   |  |  |  |
|                                   | ish through a sale of the publicly traded security (stock) that was donated.   |  |  |  |
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| SCHEDULE O |
|------------|
| (Form 990) |

## 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.



04-3594491

Department of the Treasury Internal Revenue Service Name of the organization

### SPASTIC PARAPLEGIA FOUNDATION INC

Form 990, Part VI, Section B, Line 11b - A draft was provided to all Board members via email prior to filing with the IRS. The Board was given time to ask questions of the SPF Co-Treasurers: David Lewis and Lorri Steiner.

Form 990, Part VI, Section B, Line 12c - The policy has always been written into the bylaws and articles of incorporation. The organization's Statement of Expectation for Board Members addresses conflicts of interests as well and is posted on the organization's website creating public oversight and accountability for existing Board Members as well as expectations for prospective Board Members.

Form 990, Part VI, Section C, Line 19 - The audited financial statements and the 990 are posted on the organization's website.

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| Schedule O, Statement 1<br>Form: Form 990 (2023) |   | SPASTIC PARAPLEGIA FOUNDATION INC<br>EIN: 04-3594491 |        |         |
|--|---|--|--------|---------|
|  |   |  |        |         |
|  | Other Program Services Accomplishments                |  |        |         |
| Activity<br>Code                                 | Description   | Expense  | Grants | Revenue |
|  | Educational expenses to conduct and promote SPF talks | 8,233  | 0      | 0       |
| Total:   |   | 8,233  | 0      | 0       |

| Form: Form 999 (2023)   Elik 24 994 4000     Page: 6   Part VJ, Section C, Link 200     States Coop Of Roturn Is Filed   Section C, Link 200     All   Section C, Link 200     Clobal   Section C, Link 200     Section C, Link 200   Section C, Link 200 <tr< th=""><th>Schedule O, Statement 2</th><th></th><th>SPASTIC PARAPLEGIA FOUNDATION INC</th></tr<> | Schedule O, Statement 2 |                                      | SPASTIC PARAPLEGIA FOUNDATION INC |  |
|--|-------------------------|--------------------------------------|-----------------------------------|--|
| States Where Copy Of Return is Flied         States Mane Copy Of Return is Flied         States Mane Copy Of Return is Flied         A         A         A         A         CA         CA         CA         CA         CO         CT         CA         CA <th>Form: Form 990 (2023)</th> <th colspan="3">EIN: 04-3594491</th>  | Form: Form 990 (2023)   | EIN: 04-3594491                      |                                   |  |
| States       AL       AR       CA       CO       CO       CT       FL       GA       FL       GA       HI       IL       KS       MA       MO       MD       MD       MS       MI       MS       MS       MI       MS       MS   <   | Page: <b>6</b>          |                                      | Part VI, Section C, Line 17       |  |
| AL       AR       CA       CO       CO       CT       FL       GA       HI       IL       KG       KG       MD       MD       MD       MI       MI       MI       MS       MI       MS       MI       MI       MS       MI       MI       MS       MI       MS       MI   |                         | States Where Copy Of Return Is Filed |                                   |  |
| AR       CA       CO       CT       FL       GA       GA       H       L       KS       KY       MA       MD       ME       MI       MS       NN       MS       NC       NH       NU       NN       NQ       NI   | States                  |                                      |                                   |  |
| CA       CO       CT       FL       GA       H       L       KS       KY       MA       MD       ME       MI       MS       NC       NH       NU       NV       NV       OH       OR       PA       RI       SC       NI       NV       NV       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA  | AL                      |                                      |                                   |  |
| CO       CT       FL       GA       H       IL       KS       KY       MA       MD       ME       MI       MN       MN       MS       NC       NH       NN       NN       NO  | AR                      |                                      |                                   |  |
| CT       FL       GA       H       BA       H       KS       KY       MA       MD       ME       MI       MS       NV       NV       NV       OH       OK       RI       SC       NV       NV       NV       NV       OH       OK       RI       SC       TN       VI       VA   | СА                      |                                      |                                   |  |
| FL       GA       HI       IL       KS       KY       MA       MD       ME       MI       MN       MS       NC       NH       NU       NM       NV       NM       NV       NG       NV       NG       NV       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       VA       VA       VA       VA       VA       VA       VA       VA  | со                      |                                      |                                   |  |
| GA       HI       IL       KS       KY       MA       MD       ME       MI       MN       MS       NC       NI       NU       NV       NV       NV       NY       OH       OK       OR       PA       RI       SC       TN       QA   | СТ                      |                                      |                                   |  |
| H       L       KS       KY       MA       MD       ME       MI       MS       NC       NH       NQ       NM       NO       NG   | FL                      |                                      |                                   |  |
| IL       KS       KY       MA       MD       ME       MI       MN       MS       NC       NH       NU       NV       NV       NV       OK       OR       PA       RI       SC       TN       UT       VA       WI  | GA                      |                                      |                                   |  |
| KS         KY         MA         MD         ME         MI         MN         MS         NC         NH         NU         NM         NO         NG         NH         NU         NM         NV         NV         OH         OK         OR         PA         RI         SC         TN         UT         VA         WA   | HI                      |                                      |                                   |  |
| KY       MA       MD       ME       MI       MN       MS       NC       NH       NU       NM       NV       NV       OH       OK       OR       PA       RI       SC       TN       UT       VA       WI   | IL                      |                                      |                                   |  |
| MA       MD       ME       MI       MN       MS       NC       NH       NU       NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA  | KS                      |                                      |                                   |  |
| MD       ME       MI       MN       MS       NC       NH       NJ       NM       NV       NV       OH       OK       OR       RI       SC       TN       UT       VA       WA       WI   | КҮ                      |                                      |                                   |  |
| ME       MI       MN       MS       NC       NL       NJ       NM       NV       NV       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI   | MA                      |                                      |                                   |  |
| MI       MN       MS       NC       NL       NJ       NM       NV       NV       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | MD                      |                                      |                                   |  |
| MN       MS       NC       NL       NJ       NM       NV       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | ME                      |                                      |                                   |  |
| MS       NC       NH       NJ       NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | MI                      |                                      |                                   |  |
| NC       NH       NJ       NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI   | MN                      |                                      |                                   |  |
| NH       NJ       NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | MS                      |                                      |                                   |  |
| NJ       NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI   | NC                      |                                      |                                   |  |
| NM       NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | NH                      |                                      |                                   |  |
| NV       NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI   | NJ                      |                                      |                                   |  |
| NY       OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | NM                      |                                      |                                   |  |
| OH       OK       OR       PA       RI       SC       TN       UT       VA       WA       WI   | NV                      |                                      |                                   |  |
| OK       OR       PA       RI       SC       TN       UT       VA       WA       WI  | NY                      |                                      |                                   |  |
| OR       PA       RI       SC       TN       UT       VA       WA       WI   | ОН                      |                                      |                                   |  |
| PA<br>RI<br>SC<br>TN<br>UT<br>VA<br>WA<br>WI   | ОК                      |                                      |                                   |  |
| RI       SC       TN       UT       VA       WA       WI   | OR                      |                                      |                                   |  |
| SC         TN         UT         VA         WA         WI  | РА                      |                                      |                                   |  |
| TN<br>UT<br>VA<br>WA<br>WI   | RI                      |                                      |                                   |  |
| UT<br>VA<br>WA<br>WI   | sc                      |                                      |                                   |  |
| VA<br>WA<br>WI   | TN                      |                                      |                                   |  |
| WA<br>WI   | UT                      |                                      |                                   |  |
| WI   | VA                      |                                      |                                   |  |
|  | WA                      |                                      |                                   |  |
| WV   | wi                      |                                      |                                   |  |
|  | WV                      |                                      |                                   |  |