May 18, 2023

DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA 75 BROAD ST SUITE 300 NEW YORK, NY 10004

Dear Client,

Enclosed are the original and one copy of the following income tax returns prepared on behalf of DYSTROPHIC EPIDERMOLYSIS BULLOSA for the year ended December 31, 2022.

2022 990 - Return of Organization Exempt from Income Tax 2022 8868 Application for Extension of Time to File

2022 Schedule A - Public Charity Status and Public Support

2022 Schedule B - Schedule of Contributors

2022 Schedule D - Supplemental Financial Statements

2022 Schedule F - Statement of Activities Outside the United States

2022 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2022 Schedule J - Compensation Information

2022 Schedule M - Noncash Contributions

2022 Schedule O - Supplemental Information to Form 990 or 990EZ

2022 New York State Annual Filing for Charitable Organizations

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Brian C White Nanavaty Davenport Studley & White, LLP

**Enclosures** 

Nanavaty Davenport Studley & White, LLP 123 South Main St., Suite 140 Newtown, CT 06470 Fax: 203-426-7174

# DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA Instructions for Filing Form 990 990 - Return of Organization Exempt from Income Tax For the year ended December 31, 2022

The original return should be signed (using full name and title) and dated on page 1 by an authorized officer of the organization.

File the signed return by November 15, 2023 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Nanavaty Davenport Studley & White, LLP 123 South Main St., Suite 140 Newtown, CT 06470 Fax: 203-426-7174

DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA Instructions for Filing Form 990 8868 Application for Extension of Time to File for the year ended December 31, 2022

We have electronically filed your extension.

There is no tax due with the application.

Do NOT separately file Form 8868 with the Internal Revenue Service. Doing so will delay the processing of your extension.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	of this form, visit www.irs.gov/e-file-providers/e-file-fo			nons). I of more de	ians	OII tile	electronic	
Auto	omatic 6-Month Extension of Time. Only submi	it original	(no copies needed).					
	orporations required to file an income tax return other use Form 7004 to request an extension of time to file		·	C filers), partnership	s, R	EMICs,	and trusts	
Туре	I DVCTDODUTO FDIDFDMOLVCIC BILLO		Тах	payer identification nu	mbei	(TIN)		
prin	RESEARCH ASSOCIATION OF AMERIC			11-2519726				
File by		x, see instru	ctions.					
iling y	75 BROAD ST SUITE 300							
eturn. nstrud	otione	a foreign ad	dress, see instructions.					
	NEW YORK, NY 10004							
Ente	r the Return Code for the return that this application	is for (file	a separate application for ea	ch return)			0 1	
Appl	ication	Return	Application				Return	
s Fo	r	Code	Is For				Code	
Form	990 or Form 990-EZ	01	Form 1041-A				08	
	n 4720 (individual)	03	Form 4720 (other than inc	lividual)			09	
	1 990-PF	04	Form 5227		10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							11	
Form 990-T (trust other than above) 06 Form 8870  Form 990-T (corporation) 07							12	
<ul><li>If the state of the sta</li></ul>	75 BROAD STREET, elephone No. ▶ 212 868–1573  the organization does not have an office or place of but this is for a Group Return, enter the organization's found the whole group, check this box ▶	ousiness ir digit Gro it is for paon is for.	oup Exemption Number (GEN art of the group, check this b	s box		If thi and atta	is is	
	➤ X calendar year 2022 or  ➤ tax year beginning		<u> </u>					
2	If the tax year entered in line 1 is for less than 12 mg Change in accounting period				n 			
за	If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4/20, or	6069, enter the tentativ	e τax, iess any		¢	NONTE	
h	If this application is for Forms 990-PF, 990-T,	4720 or	6069 enter any refunda	hle credite and	3a	<u>Ф</u>	NONE	
Ŋ	estimated tax payments made. Include any prior year			DIC CIECILS AIIU	3b	\$	NONE	
С	Balance due. Subtract line 3b from line 3a. Inc			if required, by	30	Ψ	TAOTAE	
-	using EFTPS (Electronic Federal Tax Payment System	•		- 1,,	3с	\$	NONE	
Cauti	on: If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see I	Form 8453-TE and Fo				
	actions.							

#### **Electronic Return Acknowledgement**

**Tax Year**: 2022 **Return No**: 6100PK

Taxpayer: DYSTROPHIC EPIDERMOLYSIS BULLOSA

ID No : 11-2519726

Return Identification Number : 06596220231305000015

Return Type : 8868

Filing Type Description : FEDERAL EXTENSION

Tax Period End Date : 12/31/2022

Electronic Postmark : 5/10/2023 3:54:00 PM

Return Status : ACCEPTED

Status Date : 05/10/2023

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

NANAVATY DAVENPORT STUDLEY & WHITE, LLP 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470

DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA 75 BROAD ST SUITE 300 NEW YORK, NY 10004 DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA 75 BROAD ST SUITE 300 NEW YORK, NY 10004

NYS OFFICE OF THE ATTORNEY GENERAL CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NEW YORK 10271

#### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN DYSTROPHIC EPIDERMOLYSIS BULLOSA 11-2519726 Name and title of officer or person subject to tax BRETT KOPELAN, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . 1b 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). . . . . . . 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . . . . 9b 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only NANAVATY DAVENPORT STUDLE 2 2 4 1 2 as my signature X I authorize to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 03/14/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 0 6 5 9 6 2 0 6 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date 03/14/2023 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

## Form 990

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

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A 1	ror tii	ie zuzz cale	C Name of accomination DYCHROL	and en			<del></del>	D Emplo	oyer identi	fication n	umber
В	Check if a	applicable:		PHIC EPIDERMOLYSIS BULLO	SA		l'	Linpid	oyer lacilli	il cation ii	umber
	1	ss change	RESEARCH ASSOCIATION	OF AMERICA				11 0	051070	_	
	+	-	Doing business as  Number and street (or P.O. box if m	ail is not delivered to street address)	D	oom/su	ito		251972 hone numb		
	†	change	,	,	I N	oon, su	ite				
	Initial	return eturn/terminated	75 BROAD ST SUITE 30						2)868-		
	1		City or town, state or province, cour	ntry, and ZIP or foreign postal code			ľ	<b>G</b> Gross	receipts \$		
	1	ded return	NEW YORK, NY 10004							502,0	
	Applica	ation pending	F Name and address of principal office	r: BRETT KOPELAN			H(a) Is this a subordi		urn for	Yes	X No
			75 BROAD ST 300, NEW	YORK, NY 10004			H(b) Are all	subordina	tes included?	Yes	No
<u> </u>	Tax-ex	xempt status:	X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	52	7	If "N	No," attac	h a list. See	instructions	
J	Webs	ite: WW	W.DEBRA.ORG				H(c) Group	exemptio	on number		
K	Form	of organization	on: X Corporation Trust	Association Other	L Year of	f format	ion: 1979	M Sta	ate of lega	domicile:	NY
P	art I	Summ	ary								
	1	Briefly des	scribe the organization's mission o	r most significant activities:							
ė		DEBRA	IS DEDICATED TO FIND	ING A CURE FOR EB THRU R	ESEARC	Н					
Governance		EB AFF	ECTS 1 OUT OF EVERY 5	0,000 LIVE BIRTHS IN TH	E U.S.						
/err	2	Check this	s box if the organization	discontinued its operations or dispo	sed of n	nore t	han 25%	of its	net as	sets.	
Ó	3	Number of		body (Part VI, line 1a)					3		11
	4			the governing body (Part VI, line 1b)					4		11
Activities &	5			endar year 2022 (Part V, line 2a)					5		9
Ξ̈́	6			sary)					6		
Ac	_			'III, column (C), line 12							
				Form 990-T, Part I, line 11							
		TVCL UITICIE	tica basiless taxable income from	1 Omi 330-1, 1 art i, iiie 11		<del></del>	Prior Ye		-	urrent Y	
Revenue	8	Contribution	one and grants (Part VIII line 1h)				1,003		_	2,399	
	9						1,003			4,399	
	10						NON 787			NONE	
Re				es 3, 4, and 7d)			105			056	722.
	11			6d, 8c, 9c, 10c, and 11e)				,366			,666.
	12			t equal Part VIII, column (A), line 12)			1,109			3,356	
	13			umn (A), lines 1-3)			9	,000		4	1,500.
	14		aid to or for members (Part IX, colu		NON				NONE		
es	15			efits (Part IX, column (A), lines 5-10)			1,092,260.			954	,618.
Expenses	16 a			n (A), line 11e)				NON	1E		NONE
×	b		raising expenses (Part IX, column (								
	17	Other expe	enses (Part IX, column (A), lines 11	a-11d, 11f-24e)			571	,423		1,009	,940.
	18			Part IX, column (A), line 25)			1,672	,683		1,969	,058.
	19	Revenue I	ess expenses. Subtract line 18 from	n line 12			-562	,894	:•	1,387	,934.
Net Assets or Fund Balances						Begin	ning of Curi	rent Yea	ar I	End of Yea	ar
sets	20	Total asse	ts (Part X, line 16)				1,966	,777		2,090	,353.
AB	21	Total liabil	ities (Part X, line 26)				359	,056		293	,969.
ã₽	22	Net assets	s or fund balances. Subtract line 21	from line 20.			1,607	,721		1,796	,384.
Pa	art II	Signat	ure Block						•		
Un	der pe	nalties of pe	rjury, I declare that I have examined th	is return, including accompanying schedules	and staten	nents, a	and to the b	est of m	ny knowled	ge and b	elief, it is
true	e, corre	ect, and comp	plete. Declaration of preparer (other than	n officer) is based on all information of which	preparer ha	is any kr	nowledge.				
								3/14	1/2023		
Sig		Signature of	of officer				Date		,		
He	re	BRETT	KOPELAN	EXECUTI	VE DIRI	ECTOI	R				
			nt name and title	11110011	VL DIK						
			preparer's name	Preparer's signature	Date		Check	lif	PTIN		
Paid	d		C WHITE			/202		nployed		58320	
Pre	parer			DE CEIDIEN WILLEE	03/14	/ 404		r.0,00	1 2 0 0 0		
Use	Only						Firm's EIN			02749	
1/10	v tha	Firm's add		SUITE 140 NEWTOWN, CT 06470			Phone no.			26-85	
_									X	Yes	No No
ror	rape	erwork Ked	uction Act Notice, see the separat	e instructions.					-	orm 991	0 (2022)

Form 990 (2022) Page **2** 

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	37
1	Briefly describe the organization's mission:	. X
	SEE SCHEDULE O	
	DEE SCHEDOLE O	
	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.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$369,724 including grants of \$) (Revenue \$)	
	PUBLIC AND PROFESSIONAL EDUCATION - EDUCATE THE PUBLIC & HEALTH	
	PROFESSIONALS ABOUT DYSTROPHIC EPIDERMOLYSIS BULLOSA "EB"	
4b	(Code:) (Expenses \$1,081,720. including grants of \$) (Revenue \$)         PATIENT & FAMILY SERVICES - PROVIDE SERVICES FOR THE PEOPLE WITH	
	EB AND THEIR FAMILIES THROUGH NEWSLETTERS, COUNSELING, PEER SUPPORT SERVICES, CONFERENCES AND SEMINARS	
4c	(Code: ) (Expenses \$ 55,469. including grants of \$ ) (Revenue \$ )	1
	ADVOCACY - NETWORK WITH OTHER PROFESSIONAL ORGANIZATIONS AND MEET	
	KEY LEGISLATORS TO INFORM THEM OF EB AND SECURE RESEARCH FUNDS	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 184,852. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1.691.765.	

Form 990 (2022) Page **3** 

Part	V Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		21
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		- 1
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		3.5
•	·	-		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21		v

Form 990 (2022)
Part IV Checklist of Required Schedules (continued)

ı aı ı	Official of Required Officiales (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		3.7
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25 -	or IV, and Part V, line 1	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		Х
D	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	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 21
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	1c		1

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 9			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
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.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	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.			

Sect	ion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	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					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		Х		
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)			
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
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	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
Cooti	organization's exempt status with respect to such arrangements?	16b				
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA, MA, MI, NJ, NY,	- ,		047.		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	tion 5	U1(c)		
	Own website Another's website X Upon request Other (explain on Schedule O)					
40		f int-	oct :	. د اه		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	ımter	est p	опсу,		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	c				
20	BRETT KOPELAN 75 BROAD STREET, SUITE 300 NEW YORK, NY 10004	3				

212-868-1573

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box,	Position (do not check more the box, unless person is bofficer and a director/t				an tee)	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable  compensation  from related  organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee		Former Highest compensated employee Key employee		Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) BRETT KOPELAN	40.00									
EXECUTIVE DIRECTOR	NONE				X			260,635.	NONE	NONE
(2) J ALEC ALEXANDER	1.00				- 21			200,033.	110111	110111
TREASURER	NONE	Х		X				NONE	NONE	NONE
(3) ANDREW TAVANI	1.00							-	-	
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(4) RICHARD GALLAGHER	1.00									
CHAIR EMERITUS	NONE	Х						NONE	NONE	NONE
(5) ROBERT RYAN PH. D.	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) JOHN LEE	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(7) WILLIAM CORNMAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) JAMES WETRICH	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) LESLIE RADER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) JOUI UITTO MD, PH.D	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) ANGELA CHRISTIANO PH.D.	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) THOMAS TRIMARCHI	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
<u>(13)</u>										
<u>(14)</u>										

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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	d)	
	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	Esti amo o	(F) imated ount of other ensation	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	m the nization related nizations	
C	Sub-total  Total from continuation sheets to Part VII, Solution (add lines 1b and 1c)	ection A						<b>* * *</b>	260,635. NONE 260,635.		NONE NONE		N	IONE IONE
	Total number of individuals (including but not reportable compensation from the organization	limited to t						re		\$100,000	of			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ina	tru	uste ual	e,	key e	emp	loyee, or highes	compens	ated	3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greindividualgre	eater than	\$15	0,0	00?	<sup>i</sup> If	"Yes	5," (	complete Schedu	le J for :	such	4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	sati	on i	fron	n any	uni	related organization	on or indivi	dual	5		X
	ction B. Independent Contractors  Complete this table for your five highest com	nanaatad i					1	<b>"0 4</b> 1	hat "aaai; (ad maa"	than \$100	000 0	•		
_	compensation from the organization. Report c year.													
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compensa	ation	
_								L						
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	d to	thos		sted above) who	received				

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#### Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ပ် ရှိ	C	Fundraising events 1c					
fts,	d	Related organizations					
ia ∃a	e	Government grants (contributions) 1e					
Sin's	f	All other contributions, gifts, grants,					
흔	•	and similar amounts not included above . 1f	2,399,604.				
Ç	~	Noncash contributions included in	2733370011				
<u> </u>	g		<b>\$</b> 1,111,130.				
au Co	h	<b>Total.</b> Add lines 1a-1f		2,399,604.			
_		Total. Add lifes 1a-11	Business Code	273337001.			
စ္က	_		240000 0040				
ايرتخ	2a						
Sel	b						
틸	С						
gra Re	d						
Program Service Revenue	е						
-	f	All other program service revenue		MONT			
	g_	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		722.	722.		
		other similar amounts)		NONE	722.		
	4 5	Income from investment of tax-exempt bond		NONE			
	3	Royalties	(ii) Personal	NONE			
			(ii) i diddiidii				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	1				
	_d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş		and sales expenses 7b					
~ ∣		Gain or (loss)		NONE			
Other	a	Net gain or (loss)		NONE			
ᅙ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	1,090,629.				
		10). 0001 a.c. (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	145,089.				
	b	Less: direct expenses  Net income or (loss) from fundraising events		945,540.			
		Gross income from gaming		, 10, 110			
	9a	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	. Ju	returns and allowances • • • • • • 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
e go	11a	MISCELLANEOUS INCOME	900099	11,126.	11,126.		
ane	b						
	c						
Miscellaneous Revenue	d	All other revenue					
≥		Total. Add lines 11a-11d		11,126.			
	12	Total revenue See instructions		3 356 992	11 848		

11-2519726

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	NONE									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	NONE									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	4,500.	4,500.								
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	260,635.	225,635.	10,000.	25,000						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	506,473.	426,407.	28,355.	51,711.						
8	Pension plan accruals and contributions (include	NONE									
	section 401(k) and 403(b) employer contributions)										
9	' '	129,299.	109,904.	6,465.	12,930						
10	Payroll taxes	58,211.	49,479.	2,911.	5,821						
11	Fees for services (nonemployees):										
	Management	NONE									
	Legal	NONE									
	Accounting	NONE									
	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17.	NONE									
	Investment management fees	NONE									
g	Other. (If line 11g amount exceeds 10% of line 25, column	60 100	F7 060	2 410	6 000						
40	(A), amount, list line 11g expenses on Schedule O.)	68,199. 21,723.	57,969. 18,465.	3,410. 1,086.	6,820						
	Advertising and promotion	52,786.	44,868.	2,639.	2,172 5,279						
13	Office expenses	NONE	44,000.	2,039.	5,219						
14	Information technology	NONE									
15 16	Royalties	101,768.	86,503.	5,088.	10,177						
	Occupancy	143,071.	121,610.	7,154.	14,307						
	Payments of travel or entertainment expenses	115,071.	121,010.	7,131.	11,507						
10	for any federal, state, or local public officials	NONE									
19	Conferences, conventions, and meetings	387,027.	328,973.	19,351.	38,703						
	Interest	NONE	32073.31	25 / 332 1	20,702						
	Payments to affiliates.	NONE									
	Depreciation, depletion, and amortization	2,819.	2,396.	141.	282						
	Insurance	26,346.	22,394.	1,317.	2,635						
	Other expenses. Itemize expenses not covered	·	·								
	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а	PATIENT ASSISTANCE	115,943.	115,943.								
b	DUES & SUBSCRIPTIONS	13,046.	11,089.	652.	1,305.						
С	TELEPHONE	16,931.	14,391.	847.	1,693						
d	EQUIPMENT	7,431.	6,316.	372.	743						
е	All other expenses	52,850.	44,923.	2,643.	5,284						
	Total functional expenses. Add lines 1 through 24e	1,969,058.	1,691,765.	92,431.	184,862.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if										
	following SOP 98-2 (ASC 958-720)										

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	451,231.	1	366,608.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	262,765.	4	468,497.
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	505,536.	8	436,426.
ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	8,056.	9	7,143.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 44,082.			
	b	Less: accumulated depreciation	3,049.	10c	231.
	11	Investments - publicly traded securities SEE SCHEDULE .O	736,140.	11	721,927.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	89,521.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,966,777.	16	2,090,353.
	17	Accounts payable and accrued expenses	359,056.	17	204,448.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jap		controlled entity or family member of any of these persons	NONE	22	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	_	89,521.
	26	Total liabilities. Add lines 17 through 25	359,056.	26	293,969.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,056,145.	27	1,280,441.
Ä	28	Net assets with donor restrictions	551,576.	28	515,943.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	1,607,721.	32	1,796,384.
Ž	33	Total liabilities and net assets/fund balances	1,966,777.	33	2,090,353.
		· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	56,	<u>992</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	69,	<u>058</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	87,	<u>934</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	07,	<u>721</u> .
5	Net unrealized gains (losses) on investments	5			17,	<u>497</u> .
6	Donated services and use of facilities	6		1,1	11,	<u>130</u> .
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			70,	<u>644</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,7	96,	<u>384</u> .
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 1	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		_		
	the audit, review, or compilation of its financial statements and selection of an independent accounta		- 1	2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

#### SCHEDULE A (Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

omb No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DYSTROPHIC EPIDERMOLYSIS BULLOSA

Employer identification number

KĽ,	SEA.	RCH ASSOCIATION OF A	AMERICA				11-2	519/20
	rt I	Reason for Public Ch		organizations must	comple	ete this p	part.) See instruction	ns.
	_	anization is not a private fou						
1		A church, convention of chu		·	_	-	·	
2		A school described in secti						
3		A hospital or a cooperative					(1)(A)(iii).	
4		A medical research organiz		_				(iii) Enter the
•		hospital's name, city, and st	•	oonjunouon mara not	opilai ao		1 0 0 0 1 1 1 0 ( 2 ) ( 1 ) ( 1 )	(iii)i Eritor tilo
5		An organization operated to		a college or universit	v owne	d or one	erated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversit	y Owne	и от оре	stated by a governme	intai unit described ii
6		A federal, state, or local go		rnmantal unit deceribe	d in soot	ion 170/	'h\/1\/ <b>h</b> \/\/\	
6	37	_				-		om the general public
7	X	An organization that norma	-	•	рроп п	oni a go	verninental unit of in	on the general public
_		described in section 170(b)			D+ 11 \			
8	-	A community trust describe	-		-			land annut sallana
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	r the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions, subject to conrelated business tax	ertain ex able inco	ceptions ome (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit of	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	i09(a)(1	) or sect	ion 509(a)(2). See sed	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	· ·	•	-			
		supporting organization.						
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	•					
		organization(s). You must				F		
С		Type III functionally integ			ited in c	onnectio	n with, and functional	lly integrated with.
•		its supported organization						,g.a.oa,
d		Type III non-functionally		•				ted organization(s)
u		that is not functionally into			-			
		requirement (see instruct	-		-		•	a an attentiveness
е		Check this box if the orga		-				I Type III
C		functionally integrated, or					71 . 71	і, туре ііі
f	Fn	ter the number of supported						
g g		ovide the following information						
_ 9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	ae e. eapperted erganization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
						+		
(E)								
Tot	al							

Schedule A (Form 990) 2022 Page **2** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	602,587.	705,872.	723,260.	838,646.	1,285,607.	4,155,972.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	602,587.	705,872.	723,260.	838,646.	1,285,607.	4,155,972.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						4,155,972.
_	tion B. Total Support						1723373721
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	602,587.	705,872.	723,260.	838,646.	1,285,607.	4,155,972.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,956.	1,696.	1,046.	787.	1,026.	6,511.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						4,162,483.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2022 (li					14	99.84 %
15	Public support percentage from 2021						99.83 %
16a	331/3% support test - 2022. If the org	•					
	box and <b>stop here.</b> The organization quality	•		•			
b	331/3% support test - 2021. If the org						
	this box and <b>stop here</b> . The organization	-		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organization made					-	•
	in Part VI how the organization meets			•	•	• •	
10	organization						
18	Private foundation. If the organization						
	instructions						<u></u>

Schedule A (Form 990) 2022 Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support				<u> </u>	,	
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
7 a	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						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) Total
9 10 a	Amounts from line 6 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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	· ·	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			mn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment					- 1	,,,
17	Investment income percentage for 2022 (lin			13, column (f)) <sub>-</sub>		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•				

Schedule A (Form 990) 2022 Page **4** 

#### 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
J.	•			
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		i .

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S						
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic								
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
_1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
_4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
_7		7							
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
_	Total (add lines 1a, 1b, and 1c)	1d							
е	e <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							
Se	ection 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7									

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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 which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				

Schedule A (Form 990) 2022

6

any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

## Schedule B (Form 990)

Department of the Treasury

Name of the organization

DYSTROPHIC EPIDERMOLYSIS BULLOSA

Internal Revenue Service

**Schedule of Contributors** 

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

OMB No. 1545-0047

2022

**Employer identification number** 

RESEARCH ASSOCIATION OF AMERICA 11-2519726 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA

Employer identification number 11-2519726

art I	Contributors (	(see instructions).	Use duplicate co	pies of Part I if a	dditional space is needed.
-------	----------------	---------------------	------------------	---------------------	----------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	J ALEXANDER  3398 HARBOUR POINT PARKWAY  GAINSVILLE, GA 30506	\$\$140,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	DR MICHELE GASIOROWSKI  40 WEST ELM ST SUITE G  GREENWICH, CT 06840	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	JOHN LEE  505 SANSOME ST SUITE 1501  SAN FRANCISCO, CA 94111	\$ 200,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	DONATED MEDICAL SUPPLIES  75 BROAD ST  NEW YORK, NY 10004	\$ 1,088,261.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA

Employer identification number 11-2519726

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	DONATED MEDICAL SUPPLIES & BANDAGES		
		\$1,088,261.	12/01/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA 11-2519726 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA 11-2519726 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

Sche				RMOLYSIS							519726		age <b>2</b>
Pa	rt    Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (c	continue	d)	
3	Using the organization's acquisitio	n, acces	sion, and	other recor	ds, check	c any o	f the	follow	ing that n	nake sign	ificant us	se of	f its
	collection items (check all that appl	y):											
а	Public exhibition			d	Loan	or excha	ange	progran	m				
b	Scholarly research			e	Other								
С	Preservation for future gener	ations			_								_
4	Provide a description of the organ		collection	s and expla	ain how t	hev fur	ther	the ord	anization'	s exempt	purpose	in	Part
-	XIII.					,			,				
5	During the year, did the organizatio	n solicit (	or receive	donations o	fart hist	orical tr	Pacili	res or (	other simil	ar			
·	assets to be sold to raise funds rath									_	Yes		No
Pa	rt IV Escrow and Custodial A			tanioa ao pe	1101110	Jigariize	411011	0 001100	, , , , , , , , , , , , , , , , , , ,				
ı a	Complete if the organiza			es" on For	m 990 F	Part IV	line	9 or re	eported a	n amour	nt on For	m	
	990, Part X, line 21.			00 0111 01	000, 1	a.c.,	0	0, 0	oponoa a	ii aiiioai		•••	
12	Is the organization an agent, trust	tee clist	odian or (	other interm	ediary fo	or conti	ributi	ons or	other ass	ets not			
·u	included on Form 990, Part X?				-						Yes		No
b	If "Yes," explain the arrangement in										103	ш	110
b	ii res, explain the arrangement ii	ι Γαιι Λιι	i and com	ibiere me io	lowing tak	Jie.				Amount			
_	Paginning halange						4 -			Amount			
C	Beginning balance						1c						
d	Additions during the year						1d						
e	Distributions during the year						1e						
ī	Ending balance						1f			1 1111 0	1.4	_	
2a	Did the organization include an am										Yes	$\square$	No
	If "Yes," explain the arrangement in	n Part XII	I. Check r	nere if the e	xplanation	has be	en pr	ovided	on Part XII	<u> </u>		•	
Pa	rt V Endowment Funds.					S	P	40					
	Complete if the organiza												
		<b>(a)</b> Cur	rrent year	(b) Pric	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
e	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g g	End of year balance												
2	Provide the estimated percentage	of the cu	rront voar	and balanc	o (lino 1a	column	(2))	hold as					
a	Board designated or quasi-endowm			%	e (iiile 1g,	Coldinii	i (a))	ricia as	•				
b	Permanent endowment	%											
C	Term endowment %	_ /											
·	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%									
3a	Are there endowment funds not in				tion that	are hel	d and	d admir	istered for	the			
• •	organization by:	ino poco	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ino organiza	tion that	410 1101	a and	a dannii			Υ	es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
<b>L</b>	If "Yes" on line 3a(ii), are the relate										3b		
	Describe in Part XIII the intended u	•		•							30		
4				ation's endo	wment iur	ius.							
Га	<b>It VI</b> Land, Buildings, and Equation Complete if the organization	ation ans	wered "Y	es" on Fo	m 990, I	Part IV	, line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property		(a) Cost o	or other basis	(b) Cost	or other ba		(c) Acc	cumulated		) Book valu		
4 -	Land		(inve	stment)	(0	ther)		depr	eciation				
1a	Land	1											
b	Buildings	i i											
C	Leasehold improvements	1				44.0			40.074				
d	Equipment	1				44,08	33.		43,851.			2.	31.
<u>e</u>	Other		=		<u> </u>	/F: :		,					
Tota	I. Add lines 1a through 1e. (Column	(d) must	: equal For	m 990, Part	X, columi	n (B), Iir	ne 10	c.)				23	31.

231. Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	) Part IV line 11h See Form 990	Part X line 12
-	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
` '	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	d "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 valuati	
			Cost or end-of-year mark	et value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	1 "Voc" on Form 000	) Part IV line 11d See Form 000	Part V line 15
			, Fait IV, line 11d. See Form 990,	(b) Book value
(4)	(a) De	escription		(b) book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15 )		
Part X	Other Liabilities.	iiii 10.)		
Taltx	Complete if the organization answered line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See Form	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)LEASE	LIABILITY			89,521.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			89,521.

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 .

JSA 2E1270 1.000

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,339,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-17,497.
3	Subtract line 2e from line 1	3	3,356,992.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,356,992.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,150,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,181,774.
3	Subtract line 2e from line 1	3	1,969,058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4.	
С 5	Add lines 4a and 4b	4c 5	1 060 050
	XIII Supplemental Information.	J	1,969,058.
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

#### Part XIII Supplemental Information (continued)

SCHEDULE D PART X LINE 2

THE ORGANIZATION RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED

THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE

FINANCIAL STATEMENT RECOGNITION. THE THREE PREVIOUS TAX YEARS REMAIN OPEN

TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

# **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

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

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

Department of the Treasury Internal Revenue Service

RESEARCH ASSOCIATION OF AMERICA

Name of the organization DYSTROPHIC EPIDERMOLYSIS BULLOSA

Employer identification number

OMB No. 1545-0047

Inspection

11-2519726 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14		Catolac tile	Omitou Otatooi Compi	oto ii tilo organization a	nowered ree or
1	For grantmakers. Does the org					
	other assistance, the grantees'					
	award the grants or assistance?					Yes No
2	<b>For grantmakers.</b> Describe in outside the United States.	Part V the org	ganization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(17)						
(15)						
(16)						
(17)						
3 a						
b	Total from continuation sheets to Part I					
С						

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
<u>(17)</u>							
(18)							

Part IV **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 Instructions for Form 926) Yes Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 Instructions for Form 5471) X No Yes 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 Instructions for Form 8621) X No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes 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 Instructions for Form 5713; don't file with Form 990) Yes

Schedule F (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number DYSTROPHIC EPIDERMOLYSIS BULLOSA RESEARCH ASSOCIATION OF AMERICA Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			PHIC EPIDERMOLYSI			1-2519726 Page <b>2</b>
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising every gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1  WALKS/RUNS (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,090,629.			1,090,629
œ	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	1,090,629.			1,090,629.
	4	Cash prizes				
'n	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages				
Dire		Entertainment				
		Other direct expenses				145,089
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		145,089.
De	11 -4 II	Net income summary. Subtract I	ine 10 from line 3, col	iumn (a)	Dant IV - Uma - 4.0 - am	945,540
Ге	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		res on Form 990, i	eart IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ፚ	1	Gross revenue				
ses		Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		
9 a k	ı l	Enter the state(s) in which the org. Is the organization licensed to con If "No," explain:	anization conducts ga iduct gaming activities	in each of these state	es?	Yes No
10a	!	Were any of the organization's gamin	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2022 DYSTROPHIC EPIDERMOLYSIS BULLOSA 11-2519726 Page	e <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes N	No.
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
		ol
13	Indicate the percentage of gaming activity conducted in:	
а		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
		ol
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

# SCHEDULE J (Form 990)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

DYSTROPHIC EPIDERMOLYSIS BULLOSA

RESEARCH ASSOCIATION OF AMERICA

Employer identification number 11-2519726

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X	-		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		23

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRETT KOPELAN	(i)	260,635.					260,635.	
1 EXECUTIVE DIRECTOR	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
_	(i)							
8	(ii)							
9	(i) (ii)							
_ 9	(i)							
10	(ii)							
10	(i)							
11	(ii)							
-11	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

DYSTROPHIC EPIDERMOLYSIS BULLOSA

Employer identification number

RESEARCH ASSOCIATION OF AMERICA

Part I Types of Property

11-2519726

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			_
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							
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			1,088,261.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( <u>LEGAL SERVICES</u> )		1	22,869.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29		<b>V</b>	
	5				4 41 1		Yes	NO
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	-				20-		3.5
	to be used for exempt purposes for		ording period?			30a		X
	If "Yes," describe the arrangement i		tongo naliau that assures	a the western of a				
31	Does the organization have a					24		v
22-	contributions?  Does the organization hire or use					31		X
s∠a		•	_	· •		32a		v
L	contributions?					32d		X
	If the organization didn't report an	amount in a	column (a) for a type of area	porty for which column (a)	) is checked			
	describe in Part II.	amount in C		Derty for which column (a,	is checked,			

# **SCHEDULE O** (Form 990 or 990-EZ)

# 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 990-EZ.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization DYSTROPHIC EPIDERMOLYSIS BULLOSA Employer identification number

11-2519726

#### FORM 990 PART VI SECTION B LINE 11B ORGANIZATION PROVIDED A COPY

THE BOARD OF DIRECTORS MEETS WITH THE CERTIFIED PUBLIC ACCOUNTANT TO REVIEW THE ANNUAL AUDITED FINANCIAL STATEMENTS, MANAGEMENT LETTER AND FORM 990.

#### PART VI SECTION B LINE 12C

THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY ANY REAL OR PERCEIVED CONFLICTS OF INTEREST.

#### PART VI SECTION B LINE 15

THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S SALARY ON AN ANNUAL BASIS. A STUDY IS PERFORMED OF OTHER NOT-FOR-PROIFT AGENCIES IN THE NEW YORK AREA AS WELL AS OTHER AGENCIES THAT PROVIDE A SIMILAR SERVICE TO DETERMINE IF THE SALARY PAID IS COMPETITIVE AND WITHIN ACCEPTABLE LIMITS.

### PART VI SECTION C LINE 19

THE GOVERNING DOCUMENTS, BOARD OF DIRECTORS MINUTES, FINANCIAL STATEMENTS AND FORM 990 AS WELL AS POLICIES AND PROCEDURES OF THE ORGANIZATION ARE AVAILABLE FOR PUBLIC INSPECTION UPON PRIOR WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

#### PART XI LINE 9

CHANGE IN THE VALUE OF DONATED INVENTORY.

Name of the organization

DYSTROPHIC EPIDERMOLYSIS BULLOSA

11-2519726

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

DEBRA IS DEDICATED TO FINDING A CURE FOR EBIDERMOLYSIS BULLOSA " EB" WHICH EFFECTS 1 OUT OF EVERY 50,000 LIVE BIRTHS IN THE UNITED STATES TODAY. EB IS A GENETICALLY BASED DISEASE CHARACTERIZED BY CHRONIC, PAINFULL BLISTERING. THE SKIN AND MUCOUS MEMBRANES ARE SO FRAGILE THAT THE SLIGHTEST TOUCH CAN CAUSE SEVERE BLISTERING INSIDE AND OUTSIDE THE BODY. PRESENT AT BIRTH, EB EFFECTS MEN AND WOMEN OF ALL RACES AND ETHNIC GROUPS, AND SOMETIMES, WHEN THERE IS NO FAMILY HISTORY. IT OCCURS AS THE RESULT OF A SPONTANEOUS GENETIC MUTATION. TODAY, THERE IS NO CURE OR TREATMENT FOR EB, EXCEPT DAILY WOUND CARE AND BANDAGING. GENETIC RESEARCH IS MAKING PROGRESS TOWARDS TREATMENTS AND A CURE.

Name of the organization		Employer iden	tification number
DYSTROPHIC EPIDERMOLYSIS BULLOSA		11-251	9726
FORM 990, PART III, LINE 4D - OTHER PROGRAM SE	ERVICES		
=======================================	=====		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
DEGENERAL		104.050	
RESEARCH		184,852.	
TOTALS		184,852.	
TOTALS	==========	104,032.	==========

==========

Name of the organization	Employer identification number
DYSTROPHIC EPIDERMOLYSIS BULLOSA	11-2519726
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	7,143.
TOTALS	 7,143.

Page 2 Employer identification number Name of the organization DYSTROPHIC EPIDERMOLYSIS BULLOSA 11-2519726

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_\_

ENDING COST DESCRIPTION BOOK VALUE OR FMV ----------

MUTUAL FUNDS 721,927. FMV

\_\_\_\_\_ TOTALS 721,927.

==========

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Nam	e(s) shown on return							Identifying number					
D	YSTROPHIC EPIDERMOI	LYSIS BULLO	SA					11-2519726					
	ness or activity to which this form relates												
G	ENERAL DEPRECIATION	1											
	rt I Election To Expense C		Jnder Sect	ion 179									
	Note: If you have any lis	sted property, con	nplete Part	V before	you comp	lete Part I.							
1	Maximum amount (see instructions)						1						
2	Total cost of section 179 property pl	aced in service (see in	structions)				2						
3	Threshold cost of section 179 prope												
4	Reduction in limitation. Subtract line												
5	Reduction in limitation. Subtract line Dollar limitation for tax year. Sul separately, see instructions	btract line 4 from	line 1. If	zero or le	ess, enter -	0 If married	filing 5						
6	(a) Description												
7	Listed property. Enter the amount fro	om line 29			7								
	Total elected cost of section 179 pro						8						
9	Tentative deduction. Enter the smaller	er of line 5 or line 8					9						
10	Carryover of disallowed deduction fr	om line 13 of your 202	21 Form 4562				10						
11	Business income limitation. Enter th	ne smaller of business	s income (no	t less than	zero) or line	e 5. See instruc	ctions 11						
12	Section 179 expense deduction. Add	d lines 9 and 10, but o	don't enter mo	ore than line	11		12						
13	Carryover of disallowed deduction to	2023. Add lines 9 ar	nd 10, less line	12	13								
Note	: Don't use Part II or Part III below fo	or listed property. Instea	ad, use Part V			•							
Pa	rt   Special Depreciation A	Allowance and Ot	her Deprec	iation (D	on't include	listed proper	ty. See inst	ructions.)					
14	Special depreciation allowance	for qualified proper	rty (other t	nan listed	l property)	placed in se	ervice						
	during the tax year. See instructions						14						
15	Property subject to section 168(f)(1)												
	2,818.												
Other depreciation (including ACRS)  Part III MACRS Depreciation (Don't include listed property. See instructions.)													
Section A													
17	MACRS deductions for assets place	d in service in tax yea	rs beginning b	efore 2022			17						
18	If you are electing to group any	assets placed in s	ervice during	the tax	year into or	ne or more ge	eneral						
	asset accounts, check here					[							
	Section B - Assets						reciation S	ystem					
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/involv) - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction					
19a	3-year property		·										
b	5-year property												
С	7-year property												
d	10-year property												
е	15-year property												
f	20-year property												
g	25-year property				25 yrs.		S/L						
h	Residential rental				27.5 yrs.	MM	S/L						
	property				27.5 yrs.	MM	S/L						
i	Nonresidential real				39 yrs.	MM	S/L						
	property					MM	S/L						
	Section C - Assets F	Placed in Service D	uring 2022	Tax Year	Using the	Alternative De	preciation	System					
20a	Class life						S/L						
b	12-year				12 yrs.		S/L						
С	30-year				30 yrs.	MM	S/L						
	40-year				40 yrs.	MM	S/L						
Pa	rt IV Summary (See instruct	ions.)											
21	Listed property. Enter amount from li	ne 28					21						
22	Total. Add amounts from line 12,												
22	here and on the appropriate lines of y	our return. Partnershi	ps and S corp	orations - s	ee instruction	ns	22	2,818.					
23	For assets shown above and place portion of the basis attributable to see	ection 263A costs	y me cumen	ı year, em	ter the   23								

11-2519726

	4562 (2022)														Page
Pa	entertainm	perty (Include au ent, recreation, or ny vehicle for which	amusem	ent.)										, 240	
		ns (a) through (c) of									expense	, comp	iete <b>o</b> ni	/ 24a,	
	Section A -	- Depreciation and	Other Info	rmatio	n (Cautior	: See	the	instruc	tions for I	imits fo	r passe	nger au	ıtomobil	es.)	
24a	Do you have evidend	ce to support the busi	ness/investm	nent use	claimed?	Yes	s	No	24b If "	Yes," is t	the evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	se Cost	(d) or other basis	-		epreciation nvestment	I Recovery	Met	g) hod/ ention	Depre	(h) eciation uction	Elected :	(i) section 179 ost
25	Special depreciati	ion allowance for o	qualified lis	sted pr ed bus	operty pla	aced in See in	n se	ervice o	during		. 25				
26	Property used mo	re than 50% in a qu	alified busir	ness us	e:						•				
				%											
				%											
				%											
27	Property used 50%	% or less in a qualific								1		1			
				%						S/L -				-	
				%						S/L -				-	
20	Add amazinta in ac	l olumn (h), lines 25 t		%	hara and	an line	. 24	2000	1	S/L -	- 00			4	
		olumn (i), lines 25 to olumn (i), line 26. E											. 29		
23	Add amounts in co	Didititi (i), little 20. L			Informat							<u></u>	.   29		
Com	nolete this section fo	or vehicles used by								er" or r	elated r	nerson	If you r	rovided	vehicle
to yo	our employees, first ar	nswer the questions in	Section C to	see if	you meet ai	n excep	tion	to comp	oleting this	section	for those	e vehicle	ii you p is.	noviaca	VOITION
				(	a)	(b)	)		(c)	(	d)		(e)		(f)
30	Total business/inv	restment miles drive	en durina	Veh	icle 1	Vehic	le 2	\ \	ehicle 3	Veh	icle 4	Veh	nicle 5	Veh	ricle 6
00		clude commuting mi													
31	Total commuting r	miles driven during	the year .												
32	Total other p	personal (noncor	mmuting)												
	miles driven														
33	Total miles drive	en during the ye	ear. Add												
	lines 30 through 3	32													
34	Was the vehicle	available for pers	onal	Yes	No '	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	use during off-duty	y hours?													
35		used primarily by													
	than 5% owner or	related person?													
36		available for pers					,	<del></del>		· -	<del>                                     </del>	<u> </u>			
		ection C - Questio								•					
		ns to determine if or related persons.			eption to	comp	letin	g Sect	ion B for	venicle	s used	by em	ployees	who a	iren't
		a written policy s			ohihits all	nerso	nal	IISA O	f vehicles	inclu	dina co	mmutir	na hy	Yes	No
J1						-					_			103	110
38		a written policy s													
00	-	he instructions for v		-	-					-		-			
39		se of vehicles by em		-	-										
	-	more than five veh													
	• •	s, and retain the info	•							•					
41	Do you meet the re	equirements conce	rning qualif	ied aut	omobile o	lemon	strat	tion use	e? See ins	truction	s				
	Note: If your answ	ver to 37, 38, 39, 4	0, or 41 is	"Yes," (	don't com	plete S	Secti	on B fo	r the cov	ered ve	hicles.				
Pa	rt VI Amortizat	tion						,							
	(a) Description	of costs	(b) Date amort begins		Amor	(c) tizable a	amour	nt	(d) Code se		Amorti perio percei	zation od or	Amortiz	<b>(f)</b> ation for t	his year
42	Amortization of co	sts that begins duri	ng your 20	22 tax	year (see	instruc	ction	s):							
_															
43	Amortization of co	sts that began befo	re your 20	22 tax	year							43			

2022 DYSTROPHIC EPIDERMOLYSIS BULLOSA 11-2519726

### **Description of Property**

GENERAL DEPRECIATION

#### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation		Conv.	Life	ACRS class		179	Current-year depreciation
OTHER	01/01/2010	-901.	100.000				-901.	-901.	SL		5.000				
DELL COMPUTER	04/01/2011	1,420.	100.000			1,420.	1,420.	1,420.	SL		3.000				
COMPUTER	01/10/2012	2,162.	100.000			2,162.	2,162.	2,162.	SL		3.000				
COMPUTER	04/27/2012	640.	100.000			640.	640.	640.	SL		3.000				
COMPUTER	05/04/2012	594.	100.000			594.	594.	594.	SL		3.000				
FURNITURE	12/19/2012	2,279.	100.000			2,279.	2,279.	2,279.	SL		5.000				
SWITCH	01/07/2013	430.	100.000			430.	430.	430.	SL		3.000				
LENOVO LAPTOP	04/30/2013	1,555.	100.000			1,555.	1,555.	1,555.	SL		3.000				
FIREWALL	11/07/2013	500.	100.000			500.	500.	500.	SL		3.000				
SWITCH	11/07/2013	320.	100.000			320.	320.	320.	SL		3.000				
FURNITURE	08/20/2013	19,567.	100.000			19,567.	19,567.	19,567.	SL		5.000				
REFRIGERATOR	10/01/2013	1,734.	100.000			1,734.	1,734.	1,734.	SL		5.000				
SHELVES	10/15/2013	468.	100.000			468.	468.	468.	SL		3.000				
DELL COMPUTER	03/10/2014	1,861.	100.000			1,861.	1,861.	1,861.	SL		3.000				
DELL COMPUTER	06/02/2015	1,858.	100.000			1,858.	1,858.	1,858.	SL		3.000				
DELL COMPUTER	11/10/2019	5,253.	100.000			5,253.	3,794.	5,253.	SL		3.000				1,459.
DELL COMPUTER	12/10/2019	3,156.	100.000			3,156.	2,192.	3,156.	SL		3.000				964.
DELL COMPUTER	08/10/2020	1,186.	100.000			1,186.	560.	955.	SL		3.000				395.
Less: Retired Assets													•		
Subtotals		44,082.	-			44,983.	41,033.	43,851.							2,818.
Listed Property							•								
' '															
Less: Retired Assets									<u> </u>						
Subtotals			-												
TOTALS		44,082.	-			44,983.	41,033.	43,851.							2,818.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
			-												
TOTALS															

<sup>\*</sup>Assets Retired

JSA 2X9024 1.000



Taxpayer ID:

Taxpayer name:

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

## E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

## 90% of New Yorkers enjoy the benefits of e-filing.

# If you are a corporation:

Because you prepared this New York State tax return using software, you must file it electronically.

# If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

#### If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

#### There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

## If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

#### Questions?

Visit our website for more information about New York's e-file mandate.