\*\* PUBLIC DISCLOSURE COPY

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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.

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number NATIONAL FOUNDATION FOR ECTODERMAL Address change DYSPLASIAS Name change 37-1112496 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 6 EXECUTIVE DRIVE, SUITE 2 618-566-2020 1,166,587. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FAIRVIEW HEIGHTS, IL 62208 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KARL NELSEN Yes X No for subordinates? SAME AS C ABOVE \_ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NFED.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other . Year of formation: 1981 **M** State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: EMPOWER AND CONNECT PEOPLE **Activities & Governance** TOUCHED BY ECTODERMAL DYSPLASIAS VIA EDUCATION, SUPPORT, & RESEARCH. if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 3  $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,170,684. 884,423. Contributions and grants (Part VIII, line 1h) 8 24,687. 29,121. Program service revenue (Part VIII, line 2g) 254,390. 211,660. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 43,450. 36,201. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 ,493,211**.** 1,161,405. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 25,103. 45,033. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 641,016. 559,064. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 417,751. 475,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,079,785. 1,083,870. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 409,341. 81,620. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,999,579. 4,529,323. Total assets (Part X, line 16) 190,948. 156,409. 21 Total liabilities (Part X, line 26) 三年 808,631. 372,914 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete./ত্রামিরমার্ভাদ পদ্ভাবন (other than officer) is based on all information of which preparer has any knowledge. 5/6/2024 Signature of officer Date Sign F47A697102844D4 KARL NELSEN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEFF PARKER JEFF PARKER 04/30/24 P00970069 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer 475 REGENCY PARK, SUITE 175 Use Only Firm's address Phone no. (618) 233-1200 O'FALLON, IL 62269 X Yes May the IRS discuss this return with the preparer shown above? See instructions

NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 <u> Page</u> **2** Form 990 (2023) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO EMPOWER AND CONNECT PEOPLE TOUCHED BY ECTODERMAL DYSPLASIAS THROUGH EDUCATION, SUPPORT, AND RESEARCH. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 33,238.) (Revenue \$ 515,209. 29,121. including grants of \$ 4a \_ ) (Expenses \$ SUPPORT - NFED PUBLISHES HIGH QUALITY INFORMATION TO PROVIDE FAMILIES WITH KNOWLEDGE THAT WILL INCREASE THEIR QUALITY OF LIFE. INFORMATION IS SHARED THROUGH THE FIRST CONNECT PROGRAM, A WEB SITE, MEDICAL/DENTAL GUIDE SERIES, AND CONFERENCES. THE NATIONAL FAMILY CONFERENCE IS THE NFED'S HALLMARK PROGRAM BRINGING ENTIRE FAMILIES TOGETHER TO LEARN, SHARE, AND NETWORK WITH ONE ANOTHER AND WITH EXPERT CARE PROVIDERS. AFFECTED CHILDREN AND THEIR SIBLINGS ATTEND KIDS CAMP AT THE CONFERENCES WHERE THEY PARTICIPATE IN EDUCATIONAL AND SOCIAL ACTIVITIES WITH OTHER CHILDREN LIKE THEM TO DEVELOP SELF-ESTEEM. THE NFED PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS TO ATTEND THE FAMILY CONFERENCE. THE NFED'S FAMILY-TO-FAMILY NETWORK CONNECTS FAMILIES WITH A CARING LIAISON IN THEIR REGION WHO CAN PROVIDE MORAL SUPPORT 255 , 851 including grants of \$ 2,491.) (Revenue \$ 0. 4h ) (Expenses \$ TREATMENT - NFED'S PATIENT CARE COUNCIL, COMPRISED OF MEDICAL AND DENTAL EXPERTS, OVERSEES THE NFED'S INITIATIVES TO IMPROVE TREATMENT OF THE NFED TEACHES CARE PROVIDERS HOW TO DIAGNOSE ECTODERMAL DYSPLASIAS. AND TREAT THE RARE DISORDERS THROUGH PROFESSIONAL SYMPOSIA AND GRAND ROUNDS AT UNIVERSITIES. THE NFED ADVOCATES FOR IMPROVING ACCESS TO CARE WITH SPONSORING LEGISLATION TO COVER CONGENITAL ANOMALIES, COLLABORATING WITH UNIVERSITIES, GOVERNMENT, PATIENT HEALTH ORGANIZATIONS. AFFECTED INDIVIDUALS CAN RECEIVE MORE AFFORDABLE CARE FROM EXPERIENCED TEAMS OF DENTISTS IN TREATMENT OF ECTODERMAL DYSPLASIAS AT NFED DENTAL TREATMENT CENTERS IN THE U.S. THE NFED ALSO HELPS FAMILIES PAY FOR NEEDED CARE THROUGH THE TREATMENT ASSISTANCE PROGRAM AND INSURANCE COACHING 189,119 including grants of \$ 9,305.) (Revenue \$ 0. NFED'S SCIENTIFIC ADVISORY COUNCIL OVERSEES THE NFED'S RESEARCH INITIATIVES, AIMED TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF AFFECTED INDIVIDUALS BY FINDING MANAGEMENT SOLUTIONS AND, THE NFED ADVANCES EVENTUALLY, FINDING CURES FOR ECTODERMAL DYSPLASIAS. RESEARCH THROUGH ADVOCACY AND PARTNERSHIPS WITH ORGANIZATIONS SUCH AS THE NATIONAL INSTITUTE OF HEALTH. THE NFED PROVIDES SEEDS FUNDS TO RESEARCHERS, PROVIDES THEM WITH ACCESS TO AFFECTED INDIVIDUALS, AND SHARES INFORMATION TO LAUNCH LARGER PROJECTS. NFED IS DEVELOPING A WEB-BASED ECTODERMAL DYSPLASIAS INTERNATIONAL REGISTRY TO SERVE AS A REPOSITORY OF GENETIC AND CLINICAL INFORMATION AND FACILITATES COMMUNICATION AMONG SCIENTISTS WHO STRIVE TO ADVANCE RESEARCH ON

ECTODERMAL DYSPLASIAS. TI

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$

e Total program service expenses 960,179.

Form 990 (2023)

THE NFED ALSO SPONSORS SCIENTIFIC MEETINGS TO

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Form 990 (2023) DYSPLASIAS 37-1112496 Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	, , ,	8		x
9	Schedule D, Part III			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10		x
11	or in quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
ь		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		122
·		11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
	the organization's separate of consolidated limited 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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
ıza	, , , , , , , , , , , , , , , , , , ,	12a	х	
h	Schedule D, Parts XI and XII	IZa	21	
b		12h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	5:10	14a		X
_		140		
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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		<del></del>
13	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	13		
10	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,	10		
17	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	<b>-</b> ''-		<del></del>
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	-23	
13	·	10		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	aomostio government on l'artin, column (n), inte i : Il res. complete schedule I. Parts I and Il	41		47

332003 12-21-23

Form	990 (2023) DYSPLASIAS 37-1112	496	P	age 4
Pai	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			
	·	24a		x
h	Schedule K. If "No," go to line 25a	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in noncash 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		X
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, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-		36		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		<del></del>
31		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı al				
	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	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	1 12-21-23	Form	990	(2023)

Form 990 (2023) DYSPLASIAS 37-1112496 Page 5

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country 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 X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a **14a** Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

332005 12-21-23

If "Yes," complete Form 6069.

Form 990 (2023)

DYSPLASIAS

37-1112496

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website | X | Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARY FETE - 618-566-2020 EXECUTIVE DRIVE, STE 2. FAIRVIEW HEIGHTS.

Form 990 (2023) DYSPLASIAS 37-1112496 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

X Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recto	rrius	iee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/idual	Institutional trustee	Je.	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARY FETE	40.00								_	
EXECUTIVE DIRECTOR						Х		121,124.	0.	0.
(2) KARL NELSEN	5.00							_	_	_
PRESIDENT		Х		X				0.	0.	0.
(3) CHARLES RICHTER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(4) KEITH THROM	1.00	1						_		_
SECRETARY		Х		Х				0.	0.	0.
(5) RICHARD STRATZ	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(6) KRISTA BASILE	1.00									
DIRECTOR	1	Х						0.	0.	0.
(7) ROY MOFFITT	1.00									
DIRECTOR	1	Х						0.	0.	0.
(8) MARIANNE VERMEER	1.00	ļ		l						
TREASURER	1	Х		X				0.	0.	0.
(9) J. TIMOTHY WRIGHT, DDS, MS	1.00	ļ								•
DIRECTOR	10.00	Х						0.	0.	0.
(10) ANIL VORA	10.00	.,		,,						0
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(11) RUTH GEISMAR	1.00	٠,,							0	0
DIRECTOR (12) JACK KRIZ	1 00	Х						0.	0.	0.
	1.00	<b>.</b>						_	0	0
DIRECTOR		Х						0.	0.	0.
		-								
		1								
					$\vdash$					
		1								
			$\vdash$		$\vdash$					
		1								
		1								
		<u> </u>						L	l	

Form 990 (2023) DYSPLASIAS 37-1112496 Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C	<b>C</b> )			(D)	(E)		(F)	
	Name and title	Average	(do	not ch	Posi			ne	Reportable	Reportable		Estimate	ed
		hours per	box	, unles	s per	son is	s both	an	compensation	compensation		amount	of
		week		cer an	a a a	recto	r/trus	.ee)	from	from related		other	
		(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC		compensa from th	
		related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	′	organizat	
		organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		and relat	
		below	/idual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner	·			organizati	ons
		line)	Indiv	Insti	Officer	Key	High emp	Former					
									101 101		_		
	Subtotal								121,124.		).		0.
	Total from continuation sheets to Part VI								0.		).		0.
_d	Total (add lines 1b and 1c)								121,124.		).		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			4
	compensation from the organization												<u> </u>
												Yes	No
3	Did the organization list any former officer,		ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s										.	3	<u> </u>
4	For any individual listed on line 1a, is the su	•		•					•	· ·			37
	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a					•			•			_	37
<u> </u>	rendered to the organization? If "Yes." com	<u>iplete Schedule</u>	J fo	or su	ch r	pers	on .					5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest co										nsatio	on from	
	the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wi	thin		ear.		(0)	
	<b>(A)</b> Name and business	address	NIC	ONE	,				<b>(B)</b> Description of s	ervices	Co	(C) mpensatio	n
	Name and business	4441000	147	)IN E				-	Description of s	CIVICCS		Пропосно	
								_					
								$\dashv$					
								$\dashv$					
								$\dashv$		+			
	Total number of independent control (	n alı ıdlın ə Jə	A 15	nit.	٠ ١	lb -	- II -	la d	obovo) who was about	ave there			
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	יר ווו	iiiteo	ιOΤ	inos C		ıea	above) who received mo	חבוומוו			

Form 990 (2023) DYSPLASIA

DYSPLASIAS 37-1112496 Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues 276,559. c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 607,864. similar amounts not included above ... 1f 59,225. g Noncash contributions included in lines 1a-1f 884,423. h Total. Add lines 1a-1f **Business Code** 29,121. 29,121. 2 a NATIONAL AND REGIONAL 624100 Program Service f All other program service revenue ..... 29,121. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 48,569. 48,569. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 163,091. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 163,091. 163,091. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$276,559. ofcontributions reported on line 1c). See 38,504. Part IV, line 18 5,182. **b** Less: direct expenses 33,322. 33,322. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a PROMOTIONAL ITEMS 2,879. 2,879 624100 d All other revenue 2,879. e Total. Add lines 11a-11d 29,121 247,861. 1,161,405. **12 Total revenue.** See instructions

332009 12-21-23

37-1112496 Page **10** 

## Form 990 (2023) DYSPLASIAS Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete to the Check if Schedule O contains a respons				Г
	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to domestic	4E 022	45 022		
_	individuals. See Part IV, line 22	45,033.	45,033.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	505 054	455 644	E 105	44 466
7	Other salaries and wages	505,974.	457,611.	7,195.	41,168
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,444.	8,542.	134.	768
9	Other employee benefits	3,906.	3,532.	56.	318
0	Payroll taxes	39,740.	35,942.	565.	3,233
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,024.	840.	10.	17
С	Accounting	47,937.	39,308.	480.	8,14
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,492.	8,603.	105.	1,784
g	Other. (If line 11g amount exceeds 10% of line 25,	-			-
Ū	column (A), amount, list line 11g expenses on Sch 0.)	64,012.	52,489.	641.	10,882
2	Advertising and promotion	42,204.	35,874.	844.	5,486
3	Office expenses	28,837.	23,646.	289.	4,902
4	Information technology	,	, , ,		,
5	Royalties				
6	Occupancy	9,765.	8,030.	75.	1,660
7	Travel	37.030	0,0001	, , , ,	
	Payments of travel or entertainment expenses				
8	• •				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,212.	7 551	92.	1,566
3	Insurance	9,414.	7,554.	94.	1,560
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  FAMILY CONFERENCES	124,564.	124,564.		
a b	ADVOCACY	67,601.	67,601.		
	DEVELOPMENT	42,223.	16,889.	4,223.	21,111
ç	MEMBERSHIPS	12,507.	10,333.	126.	2,140
d		15,310.	13,880.	115.	1,315
	All other expenses Add lines 1 through 24s	1,079,785.	960,179.	14,950.	104,656
<u>5</u>	Total functional expenses. Add lines 1 through 24e	1,013,103.	900,119•	14,330.	104,030
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

Form 990 (2023)
Part X | Balance Sheet

DYSPLASIAS

37-1112496 Page **11** 

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			772,544.	1	520,864
	2	Savings and temporary cash investments		1.	2	547,830	
	3	Pledges and grants receivable, net		21,575.	З	17,187	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pe	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	on 4958(c)(3)(B)		6	
္တ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
y ∣	9	Description of the second seco			23,467.	9	9,919
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		41,323.			
	b	Less: accumulated depreciation		41,323.	0.	10c	0
	11	Investments - publicly traded securities			3,060,702.	11	3,336,835
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		121,290.	14	96,688	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed			3,999,579.	16	4,529,323
	17	Accounts payable and accrued expenses			63,558.	17	46,721
	18	Grants payable			6,100.	18	13,000
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
ွှ	22	Loans and other payables to any current or for	rmer offic	r, director,			
i <u>a</u> ∣		trustee, key employee, creator or founder, sub	stantial o	ntributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ns		22	
וֹבׁ	23	Secured mortgages and notes payable to unre	elated thi			23	
	24	Unsecured notes and loans payable to unrelat	ed third	ırties		24	
	25	Other liabilities (including federal income tax, p	payables	related third			
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
		of Schedule D			121,290.	25	96,688
	26	Total liabilities. Add lines 17 through 25			190,948.	26	156,409
		Organizations that follow FASB ASC 958, cl	neck her	X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			3,655,423.	27	4,317,747
Ba	28	Net assets with donor restrictions		<u></u>	153,208.	28	55,167
밀		Organizations that do not follow FASB ASC	958, che	k here			
띤		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	other funds		31	
Set	32	Total net assets or fund balances			3,808,631.	32	4,372,914
	33	Total liabilities and net assets/fund balances			3,999,579.	33	4,529,323

DYSPLASIAS 37-1112496 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,161,405. Total revenue (must equal Part VIII, column (A), line 12) 1 1,079,785. Total expenses (must equal Part IX, column (A), line 25) 2 2 81,620. Revenue less expenses. Subtract line 2 from line 1 3 3,808,631. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 487,051. 5 5 Net unrealized gains (losses) on investments -4.388. 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 4,372,914. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2023)

За

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **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

Open to Public Inspection

NATIONAL FOUNDATION FOR ECTODERMAL **Employer identification number** Name of the organization DYSPLASIAS 37-1112496 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

DYSPLASIAS

37-1112496 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	, piou		,			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(2) 2010	(2) 2020	(0) 2021	(4) 2022	(0) 2020	(1) 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	823,099.	793,549.	1500948.	1170684.	884,423.	5172703.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	823,099.	793,549.	1500948.	1170684.	884,423.	5172703.
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)						352,076.
	Public support. Subtract line 5 from line 4.						4820627.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			Г		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	823,099.	793,549.	1500948.	1170684.	884,423.	5172703.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	06 400	04 006	05 500	26.266	40 560	464 450
	and income from similar sources	26,429.	24,326.	25,780.	36,066.	48,569.	161,170.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 (52	207	002	2 706	0 670	11 107
	assets (Explain in Part VI.)	3,652.	207.	803.	3,786.	2,679.	
	<b>Total support.</b> Add lines 7 through 10		`				5345000. 241,831.
	Gross receipts from related activities,	•	,			12	241,031.
13	First 5 years. If the Form 990 is for th	•	st, second, third, t	ourth, or fifth tax y	ear as a section 50	J1(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (li			eolumo (fl)		14	90.19 %
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	•	.,,		15	96.02 %
	33 1/3% support test - 2023. If the contract of the contract o					<u> </u>	
IUa	stop here. The organization qualifies						v
h	33 1/3% support test - 2022. If the c		-		line 15 is 33 1/3%		
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	•	viriow the organiz	
h	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-				
			,	, ,, ,	,		(Form 990) 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

DYSPLASIAS

37-1112496 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	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		15	%
						16	%
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	<b>Private foundation.</b> If the organizatio	n did not check a	box on line 14, 19	<ul> <li>a. or 19b. check th</li> </ul>	ns box and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

DYSPLASIAS

37-1112496 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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		.,	
		Yes	No
	1		
	-		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
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Ра	rt IV Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		$\vdash$
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations		T.,	
4	Ways a majority of the expeniention's directors by twistens during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> • •		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		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below.	ns).		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	o instruction	ie)	
2	Activities Test. Answer lines 2a and 2b below.	; iristruction	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	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	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Schedule A (Form 990) 2023 DYSPLASIAS 37-1112496 Page 6

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	, IIIII
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 DYSPLASIAS 37-1112496 Page 7

	rt V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations /		/-1112496 Pag
	tion D - Distributions	ano, supporting orga	nizations (continu	iea) 	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt purposes		1	<u> </u>
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
_	organizations, in excess of income from activity	r parposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	o or supported organizations	,	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotoilo in Part VI)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	DVIDE DELAIIS III I dit VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ŭ	(provide details in <b>Part VI</b> ). See instructions.	io organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Ente o amount divided by into o amount	(i)	(ii)		(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i					
Ť	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
a	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023 DYSPLASIAS 37-1112496 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2019 AMOUNT: \$ 3,652. 207. 2020 AMOUNT: \$ 803. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 3,786. 2023 AMOUNT: \$ 2,679.

332028 12-21-23 Schedule A (Form 990) 2023

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#### Schedule B

(Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL FOUNDATION FOR ECTODERMAL

Employer identification number

37-1112496

DYSPLASIAS

Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
contributor, during literary, or education	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.				
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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				

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

	<u> </u>
Name of organization	Employer identification number
NATIONAL FOUNDATION FOR ECTODERMAL	
DYSPLASIAS	37-1112496

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 56,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 6	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization	Employer identification number
NATIONAL FOUNDATION FOR ECTODERMAL	
DYSPLASIAS	37-1112496

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Name of organization
NATIONAL FOUNDATION FOR ECTODERMAL
DYSPLASIAS

Employer identification number
37-1112496

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	548 SHARES OF ORACLE STOCK		
3			
		\$\$\$\$	09/25/23
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(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

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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. 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. 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

323454 12-26-23

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS

**Employer identification number** 37-1112496

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3,		g ,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

37-1112496 Page 2 DYSPLASIAS Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation **b** Buildings Leasehold improvements 41,323. 41,323 d Equipment e Other

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

DocuSign Envelope ID: 5946362F-29DD-4280-AE59-FA9854EF10FF NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

#### Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	96,688.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	96,688.

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

Schedule D (Form 990) 2023

NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 Page 4 Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,660,416. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 487,051 a Net unrealized gains (losses) on investments 6,778. Donated services and use of facilities Recoveries of prior year grants 2c 182 Other (Describe in Part XIII.) 499,011. Add lines 2a through 2d 2e 1,161,405. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1.161 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,096,133. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 11,166. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 5,182. **d** Other (Describe in Part XIII.) 16,348. Add lines 2a through 2d 2e 1,079,785. Subtract line 2e from line 1 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 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: PER NOTE 1 OF THE AUDITED FINANCIAL STATEMENTS: TAX STATUS - THE FOUNDATION IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, IS EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE NETTED WITH REVENUE ON 990 5,182.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NETTED WITH REVENUE ON FORM 990

5,182.

# NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 Page 5 Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued)

### SCHEDULE G (Form 990)

#### **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.

Open to Pu

**2023** 

OMB No. 1545-0047

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.

NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS

Employer identification number 37-1112496

Part I Fundraising Activities. required to complete this par	Complete if the organization answer t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Special  or oral agreement with any individual cart VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity				(vi) Amount paid to (or retained by) organization	
		Yes	No			
Total  3 List all states in which the organization	on is registered or licensed to solicit	ontrib		or has been notified	it is exempt from re-	gistration
or licensing.	AT TO TOGISTORED OF HIGH ISSECT TO SUITCHE	JOI 10 10	ati0115	o, nas peen nouneu	it is evenibrillourte	910ti atiOH
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	<b>Z</b> .		Schedule	G (Form 990) 2023

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Schedule G (Form 990) 2023

DYSPLASIAS

37-1112496 Page 2

Т			oss income on Form 990	(b) Event #2		T
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HALLOWEEN		_	(add col. (a) through
			BASH	( )	5	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	98,014.		217,049.	315,063.
	2	Less: Contributions	75,720.		200,839.	276,559
	3	Gross income (line 1 minus line 2)	22,294.		16,210.	38,504.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				5,182.
	10	Direct expense summary. Add lines 4 through				5,182.
	11	Net income summary. Subtract line 10 from I				33,322
Pa	rt I	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	_	_		
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Birigo	bingo/progressive bingo	(b) other garming	col. (a) through col. (c)
اچ اچ						
╧	1	Gross revenue				
ဂ္ဂ	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٦	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
- 1		Maharata an Ialaan	No No	No	No No	
	6	Volunteer labor	L NO			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	7		h 5 in column (d)			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions.	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:			Vas No
а	7 8 Ent Is ti	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:  ctivities in each of these	states?		Yes No
а	7 8 Ent Is ti	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions.	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:  ctivities in each of these	states?		Yes No
а	7 8 Ent Is ti	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:  ctivities in each of these	states?		Yes No
a b	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: _ ctivities in each of these s	states?		
a b 0a	7 8 Entils till if "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ctivities in each of these selections.	states?		
a b 0a	7 8 Entils till if "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ctivities in each of these selections.	states?		
a b Oa	7 8 Entils till if "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ctivities in each of these selections.	states?		
a b Oa b	7 8 Ent Is the If "I We If ""	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ctivities in each of these selections.	states?	year?	

Schedule G (Form 990) 2023 DYSPLASIAS	37-1112496 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   9
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ıe? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and	the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
• •	
Name	
· · · · · · · · · · · · · · · · · · ·	
Address	
Audress	
40. October 1997 in the second	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
<b>b</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 \$	
Part IV Supplemental Information. Provide the explanations 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.	

# DocuSign Envelope ID: 5946362F-29DD-4280-AE59-FA9854EF10FF NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS 37-1112496 Page 4 Schedule G (Form 990) Part IV | Supplemental Information (continued)

Schedule G (Form 990)

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

NATIONAL FOUNDATION FOR ECTODERMAL

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONAL DYSPLASI.		N FOR ECTOD	ERMAL				Employer identification number 37-1112496
Part I General Information on Grants	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?				-		
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>	-	~					

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

Schedule I (Form 990) 2023

chedule I (Form 990) 2	023 DYSPLASIAS	37-1112496 Pa	age <b>2</b>
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 0 TREATMENT FUNDING 2,491. FAMILY CONFERENCE SCHOLARSHIPS 18 17,988. 0. 28 STIPENDS AND TRAVEL ASSISTANCE - ADVOCACY DAY 15,250, 0. STIPENDS AND TRAVEL ASSISTANCE - RESEARCH 9,304. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FOR CLIENT ASSISTANCE, FUNDS ARE SENT DIRECTLY TO CARE PROVIDERS.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS

Employer identification number 37-1112496

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
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	X	1	59.225.	STOCK MARKE	י עז	AT,IJF	₹
10	Securities - Closely held stock		_	00,1200				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
22	Taxidermy							
23	Historical artifacts							
	Scientific specimens							
24 25	Archeological artifacts Other ( )							
25	`							
26	Other ()							
27	Other ()							
28	Other ( )   Number of Forms 8283 received by the organization	ation duvins	the tay year far a	antributions				
29	, -	-	•					
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement <b>29</b>			V	N.
20-				autaal in Daut I. linaa 4 thus	h 00 that it		Yes	No
30a	During the year, did the organization receive by		*	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of the					00-		Х
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	aliau Haat	autico the medical	of any nanatanaland assistant	iana?	0.4		v
31	Does the organization have a gift acceptance p	-	· · ·	•	ions?	31		X
32a	Does the organization hire or use third parties o		_					v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M		DYSPLASIAS	37-1112496	Page 2
Part II	Supplemental is reporting in Part	<b>I Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33 t I, column (b), the number of contributions, the number of items received, or a conditional information.	3, and whether the organiza bination of both. Also comp	tion

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

**Employer identification number** 

37-1112496

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INFORMATION AND PRACTICAL ADVICE, GUIDANCE, AND RESOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASE UNDERSTANDING OF THE DISORDERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION PROVIDES A COPY OF FORM 990 TO EVERY BOARD MEMBER PRIOR TO IT IS REVIEWED IN DETAIL BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AUDIT, BUDGET AND FINANCE COMMITTEE ANNUALLY REVIEWS THE DISCLOSURE PROCESS AND REPORTS TO THE BOARD OF DIRECTORS ON THE SUBMISSION OF ALL REQUIRED DISCLOSURE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REGULARLY ASSESSES THE PERFORMANCE AND EFFECTIVENESS THE EXECUTIVE DIRECTOR AND DETERMINES FUTURE ACTIONS TO INCLUDE AMOUNT COMPENSATION BASED ON THAT ASSESSMENT. THE BOARD OF DIRECTORS PROVIDE GUIDANCE TO THE EXECUTIVE DIRECTOR IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S STAFF. THE MEMBERS OF THE BOARD OF DIRECTORS ARE NOT COMPENSATED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

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ne of the organization NATIONAL FOUNDATION FOR ECTODERMAL Employer identification n  DYSPLASIAS 37-1112496		
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS		
AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE AND COPIES OF OTHER		
GOVERNING DOCUMENTS SUCH AS FORM 1023 AND CONFLICT OF INTEREST POLICY ARE		
AVAILABLE UPON WRITTEN REQUEST.		
FORM 990, PART XII, LINE 2C: AUDIT PROCESS -		
THERE WERE NO CHANGES IN THE OVERSIGHT PROCESS OR SELECTION PROCESS		
DURING THE YEAR.		
FORM 990, PART VI, PAGE 6, QUESTION 20 - BOOKS IN CARE OF		
THE ORGANIZATION EXTERNALLY CONTRACTS FOR BOOKKEEPING SERVICES.		