Form <b>990</b>
Department of the Treasury
Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



AI	or th	e 2011 calendar year, or tax year beginning and	ending					
B	Check if applicab	le: C Name of organization		D Employer identification number				
	Addre	e Charcot-Marie-Tooth Association						
	Name	pe Doing Business As		22-2480896				
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Termi ated	$\min - 1 = 0 = \max 105$ (10.100-100-10)						
	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,737,392.			
	Appli tion	Grenorden, PA 19030		H(a) Is this a group re				
	pend	F Name and address of principal officer: Mr • Patrick Livney	for affiliates?	Yes X No				
		365 Elder Lane, Winnetka, IL 60093-42	50	H(b) Are all affiliates inc	luded? 🗌 Yes 🗌 No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) d	or 🛄 527	If "No," attach a	list. (see instructions)			
		te: • www.cmtausa.org		H(c) Group exemption				
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1983 N	State of legal domicile: PA			
Pa	art I	Summary						
é	1	Briefly describe the organization's mission or most significant activities:	Schedu	ile O				
anc								
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	13					
	4	Number of independent voting members of the governing body (Part VI, line 1b) $\underline{\ }$	13					
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			7			
	6	Total number of volunteers (estimate if necessary)			0			
		Total unrelated business revenue from Part VIII, column (C), line 12			1,290.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
				Prior Year	Current Year			
an	8	Contributions and grants (Part VIII, line 1h)		479,246. 15,362.	1,172,843.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,057.	<u>141,742.</u> 1,290.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		443,129.	335,777.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		939,794.	1,651,652.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	<u> </u>			
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		445,723.	496,752.			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	······ –	<u> </u>	<u> </u>			
oen			79.	••				
ы		Total fundraising expenses (Part IX, column (D), line 25)       ►       186, 6         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,458.	715,304.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		718,181.	1,212,056.			
	19	Revenue less expenses. Subtract line 18 from line 12		221,613.	439,596.			
or		Hovenue loss expenses. Oubtract line to HUITIII To Ta		ginning of Current Year	End of Year			
ets ( anc	20	Total assets (Part X, line 16)		508,491.	865,547.			
Ass	21	Total liabilities (Part X, line 26)		107,475.	24,935.			
Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		401,016.	840,612.			
	art II		····· I	,,	,			

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

		APPROVED				
Sign	Signature of officer	ALLAOILD	Date			
Here	Mr. Patrick Livney, CEO	By James R. Stern 05-24-12				
	Type or print name and title					
	Print/Type preparer's name Prepare	er's signature Date		Check X PTIN		
Paid	James R. Stern Jame	es R. Stern		<sup>IT</sup> self-employed <b>P00831572</b>		
Preparer	Firm's name 🕒 Stern Cassello & Ass	sociates, LLP	Firm's	EIN 36-3858249		
Use Only	ly Firm's address 1 N. LaSalle St., Suite 1620					
	Chicago, IL 60602	Phone	no. (312) 263-9100			
May the IRS discuss this return with the preparer shown above? (see instructions)						
132001 01-2	12.12 I HA For Paperwork Beduction Act Notice see	the senarate instructions		Form <b>990</b> (2011)		

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Hev. January 2012)
Department of the Treasury
Internal Revenue Service

# Efiled S/14/12 Application for Extension of Time To File an

Exempt Organization Return File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wisit www is gov/offic and click on a file for Charitian P. Nonprefit

visit www	irs.gov/efile and click on e-file for Charities & Nonpro	fits.	· · ·	_		
Part I	Automatic 3-Month Extension of Tir	ne. Only	submit original (no copies r	needed).		
A corpora Part I only	tion required to file Form 990-T and requesting an au			id complete		
	orporations (including 1120-C filers), partnerships, RE me tax returns.			iest an extension of time	Second second second	
Type or         Name of exempt organization or other filer, see instr           print         Image: see instruction or other filer, see instruction or oth		ructions.		Employer identification num	ber (EIN) o	
File by the	Charcot-Marie-Tooth Assoc:	iation		X 22-24808	396	
filing your return. See	Number, street, and room or suite no. If a P.O. box <b>P.O. Box 105</b>	, see instruc	ctions.	Social security number (SSI	1)	
instructions.	City, town or post office, state, and ZIP code. For a Glenolden, PA 19036	foreign add	dress, see instructions.			
Enter the f	Return code for the return that this application is for (	file a separa	te application for each return)		0 1	
Applicatio	n	Return	Application		Return	
Is For		Code	ls For		Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-I		02	Form 1041-A		08	
Form 990-I	EZ	01	Form 4720		09	
Form 990-I	PF	04	Form 5227		10	
Form 990-	Г (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-7	Γ (trust other than above)	06	Form 8870		12	
	Kimberly Magee	3				
<ul> <li>The boo</li> </ul>	where the care of $\blacktriangleright$ <b>P. O. Box</b> 105	- Glei	nolden, PA 19036			
Telepho	ne No. 🕨 <u>610-499-9264</u>		FAX No. 🕨			
<ul> <li>If the or</li> </ul>	ganization does not have an office or place of busine	ss in the Ur	ited States, check this box			
	for a Group Return, enter the organization's four digit				heck this	
box 🕨 🗍	If it is for part of the group, check this box	and atta	ch a list with the names and EINs	of all members the extension is	for	

Dox ▶ [\_\_]. If it is for part of the group, check this box ▶ [\_\_] and attach a list with the names and EINs of all members the extension

	riequest an automatic Smonth (o months	s for a corporation required to me	Form 990-1) extension		
	August 15, 2012	, to file the exempt organization i	eturn for the organizati	on named above. The extension	
	is for the organization's return for:				
	► X calendar year <u>2011</u> or				
▶					
2	If the tax year entered in line 1 is for less t Change in accounting period	han 12 months, check reason:	Initial return	Final return	

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
С	Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

 LHA
 For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
 Form 8868 (Rev. 1-2012)

123841 01-04-12

	n 990 (2011) Charcot-Marie-Tooth Association 22-2480	896	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		Χ.
1	Briefly describe the organization's mission:		
	Create awareness of Charcot-Marie-Tooth disorders and to be a source of information regarding CMT disorders. To encourage,		
	and support research into the cause, treatment and cure of CMT.		Le
	Support & education of persons affected with CMT.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to	D C
	others, the total expenses, and revenue, if any, for each program service reported.		0
4a	(Code:)(Expenses \$ 100,000. including grants of \$ 100,000. ) (Revenue \$) (Revenue \$] (Reven		<b>0.</b> )
	Research removalips and grants for research on can disease.		
	110,401		
4b	(Code:) (Expenses \$118,421. including grants of \$0.) (Revenue \$		<b>0.</b> )
	Published quarterly newsletter & other publications and maintain website for patients, their families, and medical practitioners	.nea	
	assist in understanding & treating Charcot-Marie-Tooth Disease.	5 10	
	assist in understanding a creating chartot harte rooth biseases		
4c	(Code:) (Expenses \$270,693. including grants of \$0. (Revenue \$)		7 <b>42.</b> )
	Organized and conducted support groups and conferences for pati-		,
	their families, and medical practitioners; promote awareness of Disease.	CM-T	
	Disease.		
4d			
	(Expenses \$ 292,760 · including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 781,874.	O	<b>0</b> (2011)
13200 02-09-	12	Form 95	<b>v</b> (2011)
02-09-	2		
~ - ~			

11350524 798215 CHAR0896 2011.03050 Charcot-Marie-Tooth Associa CHAR0891

Form 990 (		Charcot-Marı
Part IV	Cheo	cklist 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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 "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	10		x
10		12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011)

132003 01-23-12

11350524 798215 CHAR0896

Charcot-Marie-Tooth Association

<ul> <li>Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>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</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>C Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?</li> <li>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d</li> <li>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</li> <li>D Is the organization have at the it engaged in an excess benefit transaction with a disqualified person of the organization of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I</li> <li>25b Zi</li> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified persons? If "Yes," complete Schedule L, Part II</li> <li>28 Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV</li> <li>28 Vas the organization to former officer, director, trustee, or key employee (or a f</li></ul>	x x
column (A), line 2? If "Yes," complete Schedule I, Parts I and III       22       2         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       24         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25       24a       24         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24a       24         c       Did the organization mintain an escrow account other than a refunding escrow at any time during the year?       24d       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization 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-E2? If "Yes," complete Schedule L, Part I       25a       2         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I       26       2         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, subst	<u>x</u>
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete       23       2         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete       24a       2         2b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24d       24d         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       2         b       Is the organization navare 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 90-E2? If "Yes," complete Schedule L, Part II       25b       2         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person? If "Yes," complete Schedule L, Part II       26       2       2 <t< td=""><td></td></t<>	
Schedule J       23       23       23       24         Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25       24a       24a       2         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24a       2         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24d       24d       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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       25a       2         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is any YI "Yes," complete Schedule L, Part II       26       2         27       Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II       26       2         28       Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mem	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete       24a       24a       24a       24a       24b         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b       24c       24c       24c       24c       24c       24d       24c       24d       24c       24d       24c       24d       24d       24c       24d       24c       24d       25a       24d       25b       24d       25b       24d       25b       24d       25a       24d       25b       24d       25a       24d       25a       24d       25a       24d       25b       24d       25b       24d       25b       24d       25b       24d       25b	x
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       25b       2         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II       26       2         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       2         28       Was the organization is prior former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       2         29       b A family member of a current or former officer, director, trustee, or key employee? If "Yes	X
any tax-exempt bonds?       24c         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       25b       2         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II       26       2         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       2       2         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       2         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       2         28       A current or former officer, director, trustee, or key empl	
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	
	Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 2	Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	х
31 Did the organization liquidate, terminate, or dissolve and cease operations?	х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       33         33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33	х
34 Was the organization related to any tax-exempt or taxable entity?	
	Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	х
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
	х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	
Note. All Form 990 filers are required to complete Schedule O	

Form **990** (2011)

132004 01-23-12

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	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
С					
_			1c		
2a	Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners?       7         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,       2a       7         If al least one is reported on line 2a, did the organization file all required forderal employment tax returns?       2         Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       00         Did the organization have unrelated business gross income of \$1,000 or more during the year?       2         Any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a linancial account in a foreign country:       7         Eves, anter the name of the foreign country:       >       7         Ot any taxable party notity the organization that at was or is a party to a prohibited tax shelter transaction?       2         If Yes, ' anter the name of the draign quanty to a pronkibite tax shelter transaction?       2         If Yes, '' ato line 5 ar 05, did the organization that it was or is a party to a prohibited tax shelter transaction?       2         If Yes, '' did the organization that with weary solicitation an express statement that such contributions or gifts were not tax deductible?       2         If Yes, '' did the organization fiel forem 888617				
			01	Х	
b			2b	<u> </u>	
0-			0-		х
			3a		~
	· · · · · · · · · · · · · · · · · · ·		3b		
4a			4.0		х
h			4a		- 23
b					
50			5a		Х
			5a 5b		X
			50 50		- 23
			50		
Ua		-	6a		х
h			vu		
		-	6b		
7			0.0		
·a	<b>o i</b>	ices provided to the pavor?	7a		х
b			7b		
			7c		х
d		1			
е		ontract?	7e		
f			7f		
g			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	ny time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:				
а					
b		10b			
11					
а		11a			
b					
			12a		
		12b			
13			40-		
а			13a		
ь.					
b		126			
-					
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14a 14b		- 22
u	in res, has it nieu a roini 120 to report these payments? In No, provide an explanation in Schedule	U	140		

Form <b>990</b>	(2011)
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132005 01-23-12

11350524 798215 CHAR0896

Form 990 (2011)

011)	Charcot-Marie-Tooth	Association
Statements	Regarding Other IRS Filings and	d Tax Compliance

22-2480896 Page 5

### Charcot-Marie-Tooth Association

22-2480896 Page 6

X

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 in Schedule O. See instructions.

### 

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with a	any other	1		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	•			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	scribe			
	in Schedule O how this was done			12c		Х
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	th a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı'S			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ PA	- 10 - 11	=======================================			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Section	on 501(c)(3)s only) a	availab	ble	
	for public inspection. Indicate how you made these available. Check all that apply.					
10	Own website Another's website I Upon request	onfligt	f interest setters	al #!~ -		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, constant a singlible to the public during the top year.	Unfilict O	i interest policy, an	u finar	icial	
00	statements available to the public during the tax year.		vdo of the averaging	tion •		
20	State the name, physical address, and telephone number of the person who possesses the books a Kimberly Magee - 610-499-9264	ina reco	nus or the organiza			
	P. O. Box 105, Glenolden, PA 19036					
132000				Form	<b>990</b> (	2011)
51-23-	6			1 0111	550(	

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."

List an of the organization's five current highest compensated employees, if any: See instructions for deminitor 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Name and Title         Average hours per meak         Description and a director/name         Reportable compensation from related organization (W2/1099-MISC)         Estimated and a director/name           1         Herbert Beron Chairman/Fresident         X         X         0.         0.         0.           (1)         Herbert Beron Chairman/Fresident         X         X         0.         0.         0.         0.           (1)         Herbert Beron Chairman/Fresident         X         X         0.	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (describe norm of an additional organizations) in Schedule O)     box, mer persons being mer and a detailation of the organizations in Schedule O)     compensation and related organizations in Schedule O)     compensation related organizations in Schedule O)     amount of other compensation from the organizations and related organizations in Schedule O)     amount of other compensation from the organizations of the organizations in Schedule O)       (1) Herbert Beron Chairman/President     x     x     0.     0.     0.       (2) Stephen Blevit     x     x     0.     0.     0.       (3) dary J, dasper Treasurer     x     x     0.     0.     0.       (4) David Hall     x     x     130,625.     0.     0.       (5) Alan Korowitz     x     11.00     x     x     117,019.     0.       (6) Fartick Livney     x     0.     0.     0.     0.       (7) Steven O'Donnell     x     x     0.     0.     0.       (11) Michael Shy     x     0.     0.     0.     0.       (12) John Steven Scherer     x     0.     0.     0.     0.       (13) Metel Bhy     x     0.     0.     0.     0.       (14) Director     x     0.     0.     0.     0.       (15) Alan Korowitz     x     0.			(do		Pos	ition		one			
Week hous for generations (1) Herbert Beron Chairman/President     Week organizations (N2/1099/MISC)     Inom mont mease (W2/1099/MISC)     Inom mont mease (W2/1099/MISC)     Inom compensation (W2/1099/MISC)       (1) Herbert Beron Chairman/President     X     X     0.     0.     0.       (1) Herbert Beron Chairman/President     X     X     0.     0.     0.       (2) Stephen Blevit Director     X     X     0.     0.     0.       (3) Gary J. Gasper     X     X     0.     0.     0.       (3) Gary J. Gasper     X     X     130,625.     0.     0.       (4) David Hall     1.00     X     X     1117,019.     0.       (6) Fatrick Livney     X     X     0.     0.     0.       (8) Bilzabeth Ouellette     X     X     0.     0.     0.       (9) Fhyllis Sanders     X     0.     0.     0.     0.       (12) Steven Scherer     X     0.     0.     0.     0.       (13) Vasi Vangleos     X     0.     0.     0.     0.       (14) Director     X     0.     0.     0.     0.       (13) Vasi Vangleos     X     0.     0.     0.     0.       (14) Doug Seig     X     0.     0.		-	box	box, unless person is both an				h an	compensation	compensation	amount of
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         pirector       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0. <td< td=""><td></td><td>week</td><td></td><td>cer ar</td><td>nd a d</td><td>Irecto</td><td>or/trus</td><td>tee)</td><td></td><td></td><td></td></td<>		week		cer ar	nd a d	Irecto	or/trus	tee)			
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         pirector       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0. <td< td=""><td></td><td>(describe</td><td>rector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>, in the second se</td><td></td></td<>		(describe	rector							, in the second se	
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         pirector       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0. <td< td=""><td></td><td>hours for</td><td>ordi</td><td>ee</td><td></td><td></td><td>ated</td><td></td><td></td><td>(W-2/1099-MISC)</td><td></td></td<>		hours for	ordi	ee			ated			(W-2/1099-MISC)	
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         pirector       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0. <td< td=""><td></td><td>related</td><td>ustee</td><td>trust</td><td></td><td>æ</td><td>suadu</td><td></td><td>(W-2/1099-MISC)</td><td></td><td>•</td></td<>		related	ustee	trust		æ	suadu		(W-2/1099-MISC)		•
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         Director       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       X       0.       0.       0.       0.       0.         Director       X		in Schedule	lual tr	tional		loy	st con yee				
(1) Herbert Beron       X       X       0.       0.       0.         (2) Stephen Blevit       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (3) Gary J. Gasper       X       X       0.       0.       0.         (4) David Hall       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       X       130,625.       0.       0.         pirector       X       X       130,625.       0.       0.         (6) Patrick Livney       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0. <td< td=""><td></td><td>O)</td><td>ndivic</td><td>nstitu</td><td>Officer</td><td>ley en</td><td>mplo</td><td>orme</td><td></td><td></td><td>organizationo</td></td<>		O)	ndivic	nstitu	Officer	ley en	mplo	orme			organizationo
(2) Stephen Blevit       X       0       0.       0.       0.         Director       X       X       0.       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (4) David Hall       1.00       X       X       130,625.       0.       0.         (5) Alan Korowitz       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (6) Patrick Livney       X       0.       0.       0.       0.       0.         (7) Steven O'Donell       X       X       0.       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         (9) Phyllis Sanders       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X <t< td=""><td>(1) Herbert Beron</td><td>,</td><td>-</td><td></td><td></td><td>Ť</td><td></td><td></td><td></td><td></td><td></td></t<>	(1) Herbert Beron	,	-			Ť					
Director         X         0.         0.         0.         0.           (3) Gary J. Gasper         X         X         0.         0.         0.           Treasurer         X         X         0.         0.         0.           (4) David Hall         X         X         130,625.         0.         0.           (5) Alan Korowitz         X         X         130,625.         0.         0.           (6) Patrick Livney         X         X         117,019.         0.         0.           (7) Steven O'Donnell         Director         X         X         0.         0.         0.           Director         X         X         0.         0.         0.         0.           (9) Phyllis Sanders         X         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.         0.           (10) Steven Scherer         X         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (11) Michael Shy         X         0.         <	Chairman/President		x		х				0.	0.	0.
(3) Gary J. Gasper       X       X       X       0.       0.       0.         (4) David Hall       CBO       1.00 X       X       130,625.       0.       0.         (5) Alan Korowitz       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (6) Patrick Livney       X       117,019.       0.       0.       0.         (7) Steven O'Donnell       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       0.       0.       0.       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.       0.	(2) Stephen Blevit										
Treasurer         X         X         X         0.         0.         0.           (4) David Hall         1.00         X         X         130,625.         0.         0.           (5) Alan Korowitz         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (6) Patrick Livney         X         X         117,019.         0.         0.           (7) Steven o'Donnell         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.           (8) Elizabeth Ouellette         Secretary         X         0.         0.         0.           (9) Phyllis Sanders         X         0.         0.         0.         0.           Director         X         0.         0.	Director		X						0.	Ο.	0.
(4) David Hall       1.00 X       X       130,625.       0.       0.         (5) Alan Korowitz       X       0.       0.       0.       0.         (6) Patrick Livney       X       117,019.       0.       0.         (7) Steven 0'Donnell       X       0.       0.       0.         Director       X       0.       0.       0.         (8) Elizabeth Ouellette       X       0.       0.       0.         (9) Phyllis Sanders       0.       0.       0.       0.         Director       X       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.         Director       X       0.       0.       0.         (11) Michael Shy       X       0.       0.       0.         Director       X       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.         Director       X       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.         Uirector       X       0.       0.       0.         Uirector       X <td< td=""><td>(3) Gary J. Gasper</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3) Gary J. Gasper										
CEO         1.00 X         X         130,625.         0.         0.           (5) Alan Korowitz         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (6) Patrick Livney         Image: Comparison of Donnell         Image: Comparison of Donnell         Image: Comparison of Donnell         Image: Comparison of Donnell         Image: Comparison of	Treasurer		X		Х				0.	0.	0.
(5) Alan Korowitz       x       0.       0.       0.         Director       x       0.       0.       0.       0.         (6) Patrick Livney       x       117,019.       0.       0.         (7) Steven O'Donnell       x       0.       0.       0.       0.         (8) Elizabeth Ouellette       x       0.       0.       0.       0.         (9) Phyllis Sanders       x       0.       0.       0.       0.         (10) Steven Scherer       x       0.       0.       0.       0.         Director       x       0.       0.       0.       0.         (11) Michael Shy       x       0.       0.       0.       0.         Director       x       0.       0.       0.       0.         (13) Vasi Vangleos       x       0.       0.       0.       0.         Director       x       0.       0.       0.       0.       0.         (14) Doug Seig       x       0.       0.       0.       0.       0.         Intertor       x       0.       0.       0.       0.       0.       0.         Intertor       x	(4) David Hall										
Director         X         0.         0.         0.         0.           (6) Patrick Livney         1.00 X         X         117,019.         0.         0.           (7) Steven O'Donnell         0.         0.         0.         0.         0.           (8) Elizabeth Ouellette         X         0.         0.         0.         0.           (9) Phyllis Sanders         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.           (10) Steven Scherer         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (11) Michael Shy         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (12) John Svaren         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.         0.           (14) Doug Seig         X         0.         0. <t< td=""><td>CEO</td><td>1.00</td><td>Х</td><td></td><td></td><td></td><td>Х</td><td></td><td>130,625.</td><td>0.</td><td>0.</td></t<>	CEO	1.00	Х				Х		130,625.	0.	0.
(6) Patrick Livney       1.00       X       X       117,019.       0.       0.         (7) Steven O'Donnell       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.       0.       0.         (9) Phyllis Sanders       X       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (11) Michael Shy       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.       0.       0.       0.       0.         Director       X       0.       0.	(5) Alan Korowitz										
CEO         1.00         X         X         117,019.         O.         O.           (7)         Steven O'Donnell         X         0.<	Director		X						0.	0.	0.
(7) Steven O'Donnell       X       0.       0.       0.         Director       X       X       0.       0.       0.         (8) Elizabeth Ouellette       X       X       0.       0.       0.         secretary       X       X       0.       0.       0.       0.         9) Phyllis Sanders       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (11) Michael Shy       Director       X       0.       0.       0.       0.       0.         Director       X       0. <td>(6) Patrick Livney</td> <td></td>	(6) Patrick Livney										
Director         X         0.         0.         0.           (8) Elizabeth Ouellette         X         X         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.           (9) Phyllis Sanders         X         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (10) Steven Scherer         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (11) Michael Shy         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (12) John Svaren         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.         0.           (13) Vasi Vangleos         X         0.         0.         0.         0.         0.         0.         0.         0.		1.00	X		Х				117,019.	0.	0.
(8) Elizabeth Ouellette       X       X       X       0.       0.       0.         (9) Phyllis Sanders       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (11) Michael Shy       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.       0.       0.       0.         Image: Corr       X       0.       0.       0.       0.       0.       0.       0.         Image: Corr       X       0.       0.       0.       0.       0. <td>(7) Steven O'Donnell</td> <td></td>	(7) Steven O'Donnell										
Secretary         X         X         X         0. <th< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			X						0.	0.	0.
(9) Phyllis Sanders       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (10) Steven Scherer       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (11) Michael Shy       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.         Image: State of the	(8) Elizabeth Ouellette										
Director         X         0.         0.         0.         0.           (10) Steven Scherer         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.           (11) Michael Shy         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.           (12) John Svaren         X         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (13) Vasi Vangleos         X         0.         0.         0.         0.         0.           Director         X         0.         0.         0.         0.         0.           (14) Doug Seig         X         0.         0.         0.         0.         0.           Image: Image			X		Х				0.	0.	0.
(10) Steven Scherer       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (11) Michael Shy       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.       0.       0.       0.       0.         Image: State Sta	(9) Phyllis Sanders										_
Director       X       O.       O.       O.       O.         (11) Michael Shy       X       O.       O.       O.       O.       O.         Director       X       O.       O.       O.       O.       O.       O.         (12) John Svaren       X       O.       O.       O.       O.       O.       O.         Director       X       O.       O.       O.       O.       O.       O.         (13) Vasi Vangleos       X       O.       O.       O.       O.       O.       O.         Director       X       O.       O.       O.       O.       O.       O.         (14) Doug Seig       X       O.       O.       O.       O.       O.       O.         Image: State of the state of t			X						0.	0.	0.
(11) Michael Shy       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.       0.       0.         Image: Construction       X       0.       0.       0.       0.       0.       0.         Image: Construction       X       0.       0.       0.       0.       0.       0.         Image: Construction       Image: Construct											
Director       X       0.       0.       0.       0.         (12) John Svaren       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.         Image: Construction of the second seco			X						0.	0.	0.
(12) John Svaren       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         Understand       0.       0.       0.       0.       0.       0.       0.         Understand       0.       0.       0.       0.       0.       0.       0.											•
Director       X       0.       0.       0.       0.         (13) Vasi Vangleos       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.         (14) Doug Seig       X       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.			X						0.	0.	0.
(13) Vasi Vangleos       X       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         Director       X       0.       0.       0.       0.       0.       0.       0.         Director       0.       0.       0.       0.       0.       0.       0.       0.       0.         Director       0.       0.       0.       0.       0.       0.       0.       0.         Director       0.       0.       0.       0.       0.       0. <td></td> <td>0</td>											0
Director     X     0.     0.     0.       (14) Doug Seig     X     0.     0.     0.       Director     X     0.     0.     0.			X						0.	0.	0.
(14) Doug Seig       X       0.       0.       0.       0.         Director       X       1       1       1       1       1         Image: Seige constraints of the	-								0	0	0
Director     X     0.     0.     0.									0.	0.	0.
			l.						0	0	0
132007_01-23-12	Director								0.	0.	0.
132007_01-23-12											
132007_01-23-12			$\vdash$	<u> </u>		<u> </u>					
132007_01-23-12											
132007_01-23-12			$\vdash$	-			-				
132007_01-23-12											
	132007 01-22-12		1	I	I	I			1		Form <b>990</b> (2011)

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Form **990** (2011)

	<u>990 (2011)</u> Charcot-I									22-24	808	396	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Tru		nplo	byee			High	est		rees (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	n	am	(F) timate ount o other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	pensa om the anizati I relate nizatio	e ion ed
									247,644.		0.			0.
c d	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····	·····		·····			0. 247,644.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	),000 of reportable	e 		Yes	1 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual							-	-		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv			4		x x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co												rom	
	the organization. Report compensation for (A) Name and business			endi DNI		vith	or w	rithir	n the organization's tax (B) Description of s		Co	(C omper		n
2	Total number of independent contractors (i	-	iot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(	0				F	Form <b>S</b>	<b>990</b> (2	2011)

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Form	990	(20	11)	)

# Form 990 (2011) Charcot-Marie-Tooth Association Part VIII Statement of Revenue

22-2480896 Page 9

1.0					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1c           1d           ions)         1e           ts, and	82,866. 1089977.				
a Co	•	Total. Add lines 1a-1f		····· ►	1172843.			
				Business Code				
e	2 a	Support Group R	levenue	624100	141,742.	141,742.		
Program Service Revenue	b							
en S	с							
le an	d							
5 E	е							
-	f	All other program service reve						
$\rightarrow$	g				141,742.			
	3	Investment income (including		•	1 000		1 000	
		other similar amounts)			1,290.		1,290.	
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		····· <b>&gt;</b>				
ne	8 a	Gross income from fundraising	0 (					
Other Revenu		including \$						
Re		contributions reported on line	,	421517.				
her	Ь	Part IV, line 18 Less: direct expenses						
đ					335,777.			335,777.
		Net income or (loss) from func Gross income from gaming ac	-	<b>&gt;</b>				555,111.
	3 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		►				
		Gross sales of inventory, less						
	10 4	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
t		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1651652.	141,742.	1,290.	335,777.
13200 01-23	9 -12							Form <b>990</b> (2011)

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9

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Diete columns (B), (C), and (D).				· · · · ·
	Check if Schedule O contains a respon			<u>/////////////////////////////////////</u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	247,644.	93,877.	45,839.	107,928.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	175,644.	135,836.	19,860.	19,948.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions) $\dots$		10.101		
9	Other employee benefits	33,619.	19,426.	7,613.	6,580. 8,153.
10	Payroll taxes	39,845.	23,550.	8,142.	8,153.
11	Fees for services (non-employees):				
а	Management				
	Legal	0 500		0 5 0 0	
	Accounting	2,500.	20 100	2,500.	
d	Lobbying	32,108.	32,108.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	220 E12	204 021		DE 101
g	Other	229,512.	204,031.		25,481. 12,309.
12	Advertising and promotion	45,134.	32,825.	6 205	12,309.
13	Office expenses	6,295. 2,042.		6,295. 2,042.	
14	Information technology	2,042.		2,042.	
15	Royalties	71,013.	38,254.	26,479.	6,280.
16		/1,013.	50,254.	20,479.	0,200.
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	107,956.	39,200.	68,756.	
19 00	Conferences, conventions, and meetings	107,550.	55,200.	00,750.	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	55,977.		55,977.	
22	Insurance				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	162,767.	162,767.		
a b		102,707.	102,101.		
b					
c c					
d	All other expenses				
	All other expenses	1,212,056.	781,874.	243,503.	186,679.
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,212,030.	,01,0,4.	215,505.	100,019.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
1320.1	0 01-23-12				Form <b>990</b> (2011)

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Form 990 (2011)

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Form 990 (2011)
Part X Balance Sheet

# Charcot-Marie-Tooth Association

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					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			353,736.	1	775,165.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,700.	3	0.
	4	Accounts receivable, net			.,	4	
	5	Receivables from current and former officers, c				•	
	Ū	employees, and highest compensated employe					
						5	
	6	of Schedule L Receivables from other disqualified persons (as					
	Ū	4958(f)(1)), persons described in section 4958(					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			2,463.	9	0.
		Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D	10a	226,343.			
	b	Less: accumulated depreciation	10b	135,961.	145,592.	10c	90,382.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			508,491.	16	865,547.
	17	Accounts payable and accrued expenses			107,475.	17	24,935.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Payables to current and former officers, director					
iab.		highest compensated employees, and disquali	fied person	s. Complete Part II			
-		of Schedule L		······		22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24). Co	omplete Part X of			
	~~	Schedule D		·····	107,475.	25	24,935.
	26	Total liabilities. Add lines 17 through 25		X and a smultite	107,475.	26	24,955.
<i>"</i>		Organizations that follow SFAS 117, check h	iere 📂 L				
lce	07	lines 27 through 29, and lines 33 and 34.			376,016.	27	765,612.
alan	27 20	Unrestricted net assets Temporarily restricted net assets			25,000.	21	75,000.
l Ba	28 29				25,000	20	/ 5 / 6 6 6 7
oun	29	Organizations that do not follow SFAS 117, or		▶ □ and		29	
rΕ		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e				31	
≱t A	32	Retained earnings, endowment, accumulated i				32	
Ň	33	Total net assets or fund balances			401,016.	33	840,612.
	34	Total liabilities and net assets/fund balances			508,491.	34	865,547.
					-		Form <b>990</b> (2011)

Form	990 (2011) Charcot-Marie-Tooth Association	22-2	2480896	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,651		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,212		
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	401	L,0	16.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	840	),6	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	······································				_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	t		
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Form	<b>190</b> (*	2011)

Form **990** (2011)

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SCHEE	DULE A	D				ublia	<b>C</b>	<del></del>		OMB No.	1545-00	)47
(Form 99	90 or 990-EZ)	aue pub	Public Charity Status and Public Support									
		Complet	te if the organization is	a section	501(c)(3)	organizat	tion or a s	ection		LU		8
	of the Treasury		4947(a)(1) no							Open to		
Internal Reve			tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio			-	ection	
Name of	the organizati							E		identificati		
			-Marie-Tooth						22	2-2480	<u>896</u>	) 
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines <sup>-</sup>	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛄	A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nan	ne,
	city, and state:											
5 📖	An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	nental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	te, or local governm	ent or governmental uni	t described	d in <b>sectio</b>	n <b>170(b)</b> (1	1)(A)(v).					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	e general p	public desc	ribed	in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 🛄	A community	r trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizat	ion that normally rec	eives: (1) more than 33 <sup>-</sup>	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross ree	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	e than 33 1	/3% of its	support	from gross	inves	tment
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	after June 3	0, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10 🔛	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	on 509(a)(4	·).				
11 📖	An organizat	ion organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	/ supported organiza	tions described in section	on 509(a)( <sup>-</sup>	1) or sectio	on 509(a)(2	2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Che	eck the box	that	
	describes the	e type of supporting	organization and compl							1		
	<b>a</b> └── Type I	b	J Type II c	з 📖 Тур	e III - Func	tionally int	tegrated		d	Type III - (	Other	
e 📖			t the organization is not									
			han one or more publicly						9(a)(1) or s	section 509	)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									. 🗆
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing per	sons?			<u> </u>
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (	iii) below,		Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i) a	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization		u notify the	<b>(vi)</b> Is organizațio	s the	(vii) An	nount d	of
org	anization		(described on lines 1-9		sted in your			(i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			

132021 01-24-12			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

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Total

Form 990 or 990-EZ.

### Schedule A (Form 990 or 990-EZ) 2011

Part II	Sup

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(4) 2001	(6) 2000	(0) 2000	(4) 2010		
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instruct	ions)			12	
	First five years. If the Form 990 is for		,	ird fourth or fifth t			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2011 (I			column (f))		14	%
	Public support percentage from 2010		•			15	<u> </u>
	<b>33 1/3% support test - 2011.</b> If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2010. If the c						
N	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the "fac			-	-	-	
I-	meets the "facts-and-circumstances"	-	-				
D	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n dia not check a	box on line 13, 1	oa, 160, 17a, or 17	D, CHECK THIS DOX	and see instruction	

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

### Schedule A (Form 990 or 990-EZ) 2011 Charcot-Marie-Tooth Association Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	558,853.	698,792.	565,653.	479,246.	1,137,223.	3,439,767.
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	496,921.	896,710.	498,909.	737,852.	563,260.	3,193,652.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,055,774.	1,595,502.	1,064,562.	1,217,098.	1,700,483.	6,633,419.
	Amounts included on lines 1, 2, and	_,,	_,000,001	_,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,	
7 4	3 received from disgualified persons						0.
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						0.
с	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						6,633,419.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1,055,774.	1,595,502.	1,064,562.	1,217,098.	1,700,483.	6,633,419.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,323.	34,682.	5,529.	2,057.	1,290.	69,881.
h	and income from similar sources Unrelated business taxable income	20,525.	51,002.	5,525.	2,037.	1,250.	00,001.
J	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	26,323.	34,682.	5,529.	2,057.	1,290.	69,881.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)	1,082,097.	1,630,184.	1,070,091.	1,219,155.	1,701,773.	6,703,300.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	-					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2011 (	ine 8, column (f) di	ivided by line 13, o	olumn (f))		15	98.96 %
	Public support percentage from 2010					16	98.40 %
Sec	ction D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	1.04 %
18	Investment income percentage from 2	2010 Schedule A, I	Part III, line 17			18	1.60 %
19a	33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 $1/3\%$ , check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2010. If the	•					
	line 18 is not more than 33 1/3%, che		· •	-		-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
13202	23 01-24-12			15	Sch	edule A (Form 990	0 or 990-EZ) 2011

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<sup>2011.03050</sup> Charcot-Marie-Tooth Associa CHAR0891

Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

N	lame	of	the	organ	ization
---	------	----	-----	-------	---------

	Charcot-Marie-Tooth Association	22-2480896				
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3) (enter number) organization	X 501(c)( 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					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

# Charcot-Marie-Tooth Association

Employer identification number

22-2480896

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	See Attached Schedule	\$1,030,810.	PersonXPayrollNoncash(Complete Part II if thereis a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$ \$ Schodulo B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page <b>3</b>
Name of organization	Employer identification number
Charcot-Marie-Tooth Association	22-2480896

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given (see instructions) Part I

Date received Date received \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2011) 123453 01-23-12 18 11350524 798215 CHAR0896 2011.03050 Charcot-Marie-Tooth Associa CHAR0891

Name of or	ganization		Employer identification number		
	ot-Marie-Tooth Associat	zion	22-2480896		
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if additio	the following line entry. For organizations of the your contributions of \$1,000 or less for the your space is needed.	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter //ear. (Enter this information once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Transfor of sitt			
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			-		
		(e) Transfer of gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No.		l			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			-		
		(e) Transfer of gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
123454 01-23	3-12	19	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)		

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SCHEDULE C	Political Campaig	OMB No. 1545-0047		
(Form 990 or 990-EZ)	For Organizations Exempt From Ir	2011		
Department of the Treasury Internal Revenue Service	Z. Open to Public Inspection			
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization answ</li> </ul>	vered "Yes" to Form 990, Part IV, line 3, o anizations: Complete Parts I-A and B. Do no than section 501(c)(3)) organizations: Com tions: Complete Part I-A only. vered "Yes" to Form 990, Part IV, line 4, o anizations that have filed Form 5768 (election anizations that have NOT filed Form 5768 (election vered "Yes" to Form 990, Part IV, line 5 (Potential)	ot complete Part I-C. plete Parts I-A and C below <b>or Form 990-EZ, Part VI, lir</b> on under section 501(h)): C election under section 501(	b. Do not complete Part I-B. be 47 (Lobbying Activities), omplete Part II-A. Do not co h)): Complete Part II-B. Do n	<b>then</b> mplete Part II-B. ot complete Part II-A.
<ul> <li>Section 501(c)(4), (5)</li> <li>Name of organization</li> </ul>	or (6) organizations: Complete Part III.		Emple	oyer identification number
·	Charcot-Marie-Tooth A			22-2480896
Part I-A Comple	te if the organization is exempt	under section 501(c)	or is a section 527 or	rganization.
2 Political expenditur	n of the organization's direct and indirect p		▶\$	
Part I-B Comple	te if the organization is exempt	under section 501(c)	(3).	
<ol> <li>Enter the amount o</li> <li>Enter the amount o</li> <li>If the organization in</li> </ol>	any excise tax incurred by the organization any excise tax incurred by organization ma icurred a section 4955 tax, did it file Form 4 ade?	n under section 4955 anagers under section 4955 1720 for this year?	► \$ 5► \$	Yes
Part I-C Comple	te if the organization is exempt	under section 501(c)	, except section 501(	c)(3).
<ol> <li>Enter the amount o exempt function ac</li> <li>Total exempt function interaction into a transmission of the filing organi</li> <li>Did the filing organi</li> <li>Enter the names, are made payments. For the filing organi</li> </ol>	rectly expended by the filing organization for the filing organization's funds contributed ivities on expenditures. Add lines 1 and 2. Enter he cation file <b>Form 1120-POL</b> for this year? Idresses and employer identification number r each organization listed, enter the amounted that were promptly and directly delivered	to other organizations for so ere and on Form 1120-POL er (EIN) of all section 527 po t paid from the filing organia	ection 527 ► \$ , ► \$ plitical organizations to whic zation's funds. Also enter th	e amount of political
political action com	nittee (PAC). If additional space is needed,	provide information in Part	IV.	
( <b>a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
-	on Act Notice, see the Instructions for Fo	orm 990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2011
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01-27-12	

Schedule C (Form 990 or 990-EZ) 2011 C	Charcot-Marie-Tooth Association	l
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Part II-A Complete if the org	ganizatio	n is exer				400090 Page 2
(election under see A Check ► ☐ if the filing organize expenses, and sha	ation belong	is to an affil	• • •	Part IV each affiliated	group member's nam	e, address, EIN,
B Check ► □ if the filing organization if the filing organization if the filing organization if the filing organization is the filing organization of the f	ation checke	ed box A an	d "limited control" pro	visions apply.		
Lim	nits on Lobb	ying Exper			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to inf	fluence publ	ic opinion (	arass roots lobbving)			
<b>b</b> Total lobbying expenditures to inf	•				32,108.	
c Total lobbying expenditures (add	•				32,108.	
d Other exempt purpose expenditu					1,159,210.	
e Total exempt purpose expenditur					1,191,318.	
f Lobbying nontaxable amount. En					194,132.	
If the amount on line 1e, column (a)			oying nontaxable am			
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,		\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	)00.			
g Grassroots nontaxable amount (e	enter 25% of	line 1f)			48,533.	
h Subtract line 1g from line 1a. If ze	ero or less, e	nter -0- 🛄			0.	
i Subtract line 1f from line 1c. If zer	ro or less, er	nter -0			0.	
j If there is an amount other than z	ero on eithe	r line 1h or l	ine 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this	s year?				L	Yes No
			raging Period Under	• • •		
			• •	n do not have to com		
C				s 2a through 2f on pa	ige 4.)	
	Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2	008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying nontaxable amount	12	2,000.	11,000.	4,491.	194,132.	221,623.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						332,435.
c Total lobbying expenditures	60	),000.	55,000.	22,453.	32,108.	169,561.
d Grassroots nontaxable amount				1,123.	48,533.	49,656.

e Grassroots ceiling amount 74,484. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011

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# 22-2480896 Page 3

# Schedule C (Form 990 or 990-EZ) 2011 Charcot-Marie-Tooth Association 22-248089 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
of the	of the lobbying activity.		No	Amo	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		o, or se	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization make only influese lobbying expenditures of \$2,000 of less?		2			
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is	
	answered "Yes."		(	,	,	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Com	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and F	Part II-B, lir	ne 1. Also, o	complete	
	art for any additional information.					

Schedule C (Form 990 or 990-EZ) 2011

132043 01-27-12

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SCHEDULE I	D
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### (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

OMB No. 1545-0047				
2011				
Open to Public				
Inspection				

Name	of the	organ	izatio

Name	of the organization Charcot-Marie-Tooth Association	Employer identification number 22-2480896
Parl		
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
	Aggregate contributions to (during year)	
	Aggregate grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nds
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	mpermissible private benefit?	Yes No
Part	II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	isted in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	gan n <u>a</u> anon o ao oo an ning tot
Part		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
I	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
1	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
I	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	. ► \$
	(ii) Assets included in Form 990, Part X	. ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
1	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. • \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2011
32051 1-23-1:	2	

11350524 798215 CHAR0896

	dule D (Form 990) 2011 Charcot t III Organizations Maintaining C	-Marie-Too Collections of A				Other			8089 <b>ts</b> (cont		
3	Using the organization's acquisition, accessi		-		-					,	
	(check all that apply):				-	-					
а	Public exhibition	d		Loan or exc	hange progran	ns					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatior	n's exem	pt purpos	e in Par	t XIV.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			🗆	Yes		No
Pai	t IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Pa			-							
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contributior	s or other asse	ets not in	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV.										
Pa	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo	rm 990, Part IV	/, line 10.					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	back (d	<b>)</b> Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administere	ed for the	e organiza	tion			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIV the intended uses of the										
Pa	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X	, line 10.							
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)		umulated		( <b>d)</b> Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			22	6,343.	13	35,96	1.		0,3	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0(c).)				9	0,3	82.
							~			000	~ ~ ~ ~

Schedule D (Form 990) 2011

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### Charcot-Marie-Tooth Association Schedule D (Form 990) 2011 Charcot-Marie-Tooth Assoc Part VII Investments - Other Securities. See Form 990. Part X line 12

Fait vii investments - Other Securities. Si	ee i oitti 990, Fait A, III		
(a) Description of security or category (including name of security)	<b>(b)</b> Book value		Method of valuation: r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990. Part X. li	ne 13.	
(a) Description of investment type	(b) Book value	(c)	Method of valuation: r end-of-year market value
(1)			
(1)	1		
(3)	1		
(4)	1		
(5)			
(6)			
(7)			
(8)			
(9)			
(10) <b>Total</b> . (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(8)			
(9)			
(10)	4 = 1		
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990. Part X			
(a) Descriptions of lighting	, line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.) ►		
<b>2.</b> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote FIN 48 (ASC 740).	to the organization's financial s	matements that reports the organizatio	is nability for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 2011

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Sche	dule D (Form 990) 2011 Charcot-Marie-Tooth Assoc				2480896 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited	<b>Financial Sta</b>	atement	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,651,652.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,212,056.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				439,596.
4	Net unrealized gains (losses) on investments				<u> </u>
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				439,596.
	t XII Reconciliation of Revenue per Audited Financial Staten			Return	
1	Total revenue, gains, and other support per audited financial statements				1,616,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				1,616,032.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
.a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV.)		35,620	5.	
	Add lines 4a and 4b				35,620.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )				1,651,652.
	rt XIII Reconciliation of Expenses per Audited Financial State				
1	Total expenses and losses per audited financial statements		· · ·		1,176,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , ,
-	Donated services and use of facilities	2a			
h	Prior year adjustments				
c c	Other losses				
о Р	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				1,176,436.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				_/_/
т 2	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)		35,620		
	Add lines 4a and 4b	[40]	55,020	4c	35,620.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )				1,212,056.
_	rt XIV Supplemental Information				1,212,0000
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III lines 1a ar	nd 4: Part IV, lines	a 1b and 3	b: Part V, line /: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor				
			anization		
re	fund of \$35,620 of grant funds expensed is	n prior	vears. 1	This a	amount has
		-	-		
bee	en included in income for the 990.				

Schedule D (Form 990) 2011

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SCHEDULE G	
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(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

ſ	2011
	Open To Public Inspection

OMB No. 1545-0047

### Employer identification number Name of the organization Charcot-Marie-Tooth Association 22-2480896 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b f Phone solicitations Special fundraising events c a In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \_\_\_\_ Yes \_\_\_\_ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 3 or licensing.

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

Schedule G (Form 990 or 990-EZ) 2011

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# Schedule G (Form 990 or 990-EZ) 2011 Charcot-Marie-Tooth Association 22-2480896 Page 2

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CMTA Swim	CMTA Golf		(add col. (a) through
			for the Cure	Outing	3	col. (c)
er			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	129,261.	161,200.	131,056.	421,517.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	129,261.	161,200.	131,056.	421,517.
	4	Cash prizes				
ses	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	805.	84,476.	459.	85,740.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	( 85,740,
_	11	Net income summary. Combine line 3, colum				335,777.
Ра	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billgo/progressive billgo		
Re						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	()
	8	Net gaming income summary. Combine line	1 column d and line 7		►	
	0	Net gaming income summary. Combine line				
9	Fn	ter the state(s) in which the organization opera	tes gaming activities.			
		the organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	/ear?	Yes No
<b>b</b> If "Yes," explain:						
	_					
13000	22 0	1-23-12			Schedula G (Ea	m 990 or 990-EZ) 2011
15200	JZ U				Schedule & (FO	11 330 01 330-LZJ 2011

Sch	edule G (Form 990 or 990-EZ) 2011 Charcot-Marie-Tooth Association 22-	2480	) <u>89</u> 6	Page 3
11	Does the organization operate 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 formed			
	to administer charitable gaming?		Yes	L No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			%
	An outside facility	13b		%
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?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	🗌 No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		162	
U.	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (	iii) and (	v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati			
1320	33 01-23-12 Schedule G (For	r <b>m 990</b>	or 990	)-EZ) 2011
250	29	~ <b>:</b> ~	<b>ATT</b> 3	D0001

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Charcot-Marie-Tooth Association

Employer identification number 22-2480896

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

Create awareness of Charcot-Marie-Tooth disorders and to be a leading

source of information regarding CMT disorders. To encourage, promote

and support research into the cause, treatment and cure of CMT.

Support & education of persons affected with CMT.

Form 990, Part III, Line 4d, Other Program Services:

Allocated Program Services Expenses, such as Salaries, Benefits,

Occupncy Expense and Advertising and Promotion.

Revenue \$ 0. Expenses \$ 292,760. including grants of \$ 0.

Form 990, Part VI, Section B, line 11: From 990 will be reviewed by the

Board of Directors.

Form 990, Part VI, Section C, Line 19: Upon request by mail, telephone, and/or email.

Form 990, Part XII, Line 2c

Selection or oversight of Independent auditors

The organization has not changed its selection and oversight process

during the tax year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 30

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