PUBLIC DISCLOSURE COPY

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

А	רטו נוו	e 2020 calendar year, or tax year beginning and	enaing	_				
В	Check if applicat	C Name of organization		D Employer identific	cation number			
Σ	Addr chan	CHARCOT-MARIE-TOOTH ASSOCIATION]				
L	Name chan	Doing business as		22-24808	96			
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returi	8 S GARFIELD AVE		610-499-				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 5,597,354				
L	Amer	GLENOLDEN, FA 19030		H(a) Is this a group re				
	Appli tion	F Name and address of principal officer:AIII GRAI		for subordinates	? Yes X No			
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		tempt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions			
		te: ► WWW.CMTAUSA.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 1983 N	1 State of legal domicile: PA			
P	art I	Summary						
G	1	Briefly describe the organization's mission or most significant activities: FIGHT CHARCOT-MARIE-TOOTH DISEASE.	TING T	O END				
Activities & Governance		Check this box if the organization discontinued its operations or dispose	and of mar	than OEO/ of its not so				
Ver	2				13			
Ĝ	3			·····	13			
•ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	8			
ţį	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	50			
ξi	6	Total number of volunteers (estimate if necessary)		·····	0.			
A		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.			
	0	Net unrelated business taxable income from Form 990-1, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		4,695,526.	5,201,933.			
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,334.	23,718.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,357.	6,691.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,754,217.	5,232,342.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,033,581.	2,379,690.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		717,379.	732,822.			
Expenses	16a			0.	0.			
çpe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 155,8	71.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,315,789.	791,238.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,066,749.	3,903,750.			
	19	Revenue less expenses. Subtract line 18 from line 12		687,468.	1,328,592.			
Net Assets or	8			eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		4,348,541.	5,686,656.			
t As	21	Total liabilities (Part X, line 26)		0.	0.			
Ele-	22	Net assets or fund balances. Subtract line 21 from line 20		4,348,541.	5,686,656.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is			
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.				
		Cianahura at afficar		Data				
Sig		Signature of officer		Date				
He	re	AMY GRAY, CHIEF EXECUTIVE OFFICER Type or print name and title						
				Date Check	PTIN			
Do:	ч	Print/Type preparer's name JENNIFER SOLOT Preparer's signature JENNIFER SOLOT	c DA	6/23/21				
Pai			17	Sell-ellipioye	23-2896692			
	parer Only	Firm's name BBD, LLP Firm's address 1835 MARKET STREET, 3RD FLOOR		Firm's EIN	47-4030034			
USI	Oilly	Firm's address 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103		Dhono no 21	5-567-7770			
N40	v tha	RS discuss this return with the preparer shown above? See instructions		Filolie IIO. Z I	X Yes No			
ivid	y u ie	no discuss this return with the preparer shown above? See instructions			100 110			

Га	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO SUPPORT THE DEVELOPMENT OF NEW DRUGS TO TREAT CHARCOT-MARIE-TOO	
	DISEASE (CMT), TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CMT	AND
	ULTIMATELY, TO FIND A CURE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O.	
3		s X No
•	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 expens	200
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,930,291. including grants of \$2,379,690.) (Revenue \$)
	CMTA AWARDS RESEARCH FELLOWSHIPS AND GRANTS FOR RESEARCH ON	
	CHARCOT-MARIE-TOOTH DISEASE. IT ALSO HOSTS BI-ANNUAL MEETINGS OF A	
	RESEARCHERS RECEIVING ITS FUNDING TO PROMOTE KNOWLEDGE EXCHANGE AN	D
	SYNERGY. IT USES THE SERVICES OF A MEDICAL RESEARCH CONSULTANT TO	
	OVERSEE THE SELECTION OF THE RECIPIENTS OF THE RESEARCH FUNDING AN	D TO
	WRITE THE GRANTS AND CONTRACTS WITH THESE RESEARCHERS.	
4b	(Code:) (Expenses \$ 622,887 • including grants of \$) (Revenue \$)
	CMTA ORGANIZES AND CONDUCTS SUPPORT GROUPS, CONFERENCES AND EDUCAT	IONAL
	WEBINARS FOR PATIENTS, THEIR FAMILIES AND MEDICAL PRACTITIONERS TO	
	SHARE KNOWLEDGE AND PROMOTE AWARENESS OF CHARCOT-MARIE-TOOTH DISEA	
	CMTA ALSO PUBLISHES A BI-MONTHLY NEWSLETTER AND OTHER EDUCATIONAL	
	PUBLICATIONS WHICH ARE AVAILABLE TO THE PUBLIC.	
	CMTA ALSO MAINTAINS A WEBSITE FOR PATIENTS, THEIR FAMILIES AND MED	ICAL
	PRACTITIONERS TO ASSIST IN UNDERSTANDING AND TREATING	
	CHARCOT-MARIE-TOOTH DISEASE.	
4c	(Code:) (Expenses \$)
4-1	Other presume any idea (December on Calcadula O.)	
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,553,178.	
<u>4e</u>		990 (2020)
	Form	ı ७७७ (∠∪∠∪)

Part IV Checklist of Required Schedules

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

032003 12-23-20

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		- 25
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Solidadia a containa a responsa or nata ta arry into in this r art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		.03	1.0
b.s	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so		_		v
	any contributions that were not tax deductible as charitable contributions?	·····	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the		7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		70	21	
С	to file Form 8282?		7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir		7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	,	/ <u>A</u>	9a		
b	, , , , , , , , , , , , , , , , , , , ,	/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a				
	Gross income from members or shareholders				
D	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а		/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	- 1			37
16		ı			
10	Is the appropriate or advertised institution as biset to the continue 4000 assistance as an extinue to a section of		16		Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	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 arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ►AL , CA , CO , CT , DC , FL , IL , KS , ME	MD	MΔ	мт
17 10	•			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	jo Urily	ij avall	auie
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	acial	
19	statements available to the public during the tax year.	u iiiial	ıcıal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 610-499-9264			
	8 S GARFIELD AVE, GLENOLDEN, PA 19036			
	CPE CCUEDITE O FOD FILL LICH OF CHAMPS		000	(0000)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	rson i	than is bot or/trus	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY GRAY CHIEF EXECUTIVE OFFICER	40.00	-		х				259,200.	0.	8,870.
(2) JEANA SWEENEY DIRECTOR OF DEVELOPMENT	40.00	-				x		105,000.	0.	4,096.
(3) KIMBERLY MAGEE DIRECTOR OF FINANCE	40.00	_		х				90,000.	0.	3,592.
(4) GILLES BOUCHARD CHAIRMAN	0.00	x		X				0.	0.	0.
(5) GARY GASPER	0.00									
TREASURER (6) HERBERT BERON	0.00	Х		Х				0.	0.	0.
SECRETARY (7) DAN CHAMBY	0.00	X		Х	_			0.	0.	0.
DIRECTOR (FROM MAY 2020) (8) DAVID COLDIRON	0.00	Х			_			0.	0.	0.
DIRECTOR (9) DR. THOMAS DUBENSKY	0.00	х						0.	0.	0.
DIRECTOR		х						0.	0.	0.
(10) LAURA FAVA DIRECTOR	0.00	х						0.	0.	0.
(11) ALAN KOROWITZ DIRECTOR	0.00	х						0.	0.	0.
(12) DAVID NORCOM DIRECTOR	0.00	x						0.	0.	0.
(13) STEVEN O'DONNELL DIRECTOR	0.00	х						0.	0.	0.
(14) CHRIS OUELLETTE DIRECTOR	0.00	Х						0.	0.	0.
(15) KEVIN SAMI DIRECTOR	0.00	X						0.	0.	0.
(16) PHYLLIS SANDERS DIRECTOR	0.00	X						0.	0.	0.
DIRECTOR								0.	0.	

Form **990** (2020)

Pai	t VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C					 -	
	(A) Name and title	(B) Average hours per week	box	not c , unle cer an	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizate d relate anizat	ation e tion ted
1b	Subtotal			<u> </u>		<u> </u>		<u> </u>	454,200.		0.	1	6,5	
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0. 454,200.		0.			
2	Total number of individuals (including but r compensation from the organization								eceived more than \$100	0,000 of reportabl	le			2
_		director truct				lovo		, bio	wheat componented omi				Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				,		elat	ted organization or indiv	idual for services		5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for	· ·	-								ıpens	ation 1	from	
(A) (B)								(C) Compensation		n				
HUMANFIRST THERAPEUTICS, 9600 DEWITT DRIVE, SUITE 1, SILVER SPRING, MD 20910 MEDICAL RESEA							ARCH	192,625.						
	DRIVE, SOTIE I, SILVER SERING, MD 20310 MEDICAL RESEARCH													

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Ра	rt v	Ш						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts			Federated campaigns 1a					
Gra			Membership dues 1b	110 600				
ts, An		С	Fundraising events 1c	410,629.				
Gif		d	Related organizations 1d	011 056				
ns, Sim			Government grants (contributions) 1e	211,856.				
er (S		f	All other contributions, gifts, grants, and	440				
ĘĦ			***	579,448.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f 1g \$	288,387.	5 001 000			
<u>a</u> C		h	Total. Add lines 1a-1f	T	5,201,933.			
				Business Code				
ice	2	а						
erv Je		b						
n S		С						
ara Re		d						
Program Service Revenue		е						
ъ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-	•	24,592.			24,592.
	4		other similar amounts)		24,332.			24,372.
	4		Income from investment of tax-exempt bond p	•				
	5		Royalties (i) Real	(ii) Personal				
	6	_		(ii) i cisoriai				
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Nist wants live a sure on (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'	а	assets other than inventory 7a 287,513.	. ,				
		h	Less: cost or other basis					
e		~	and sales expenses					
eni		c	Gain or (loss) $7c - 874$.					
Revenue			Net gain or (loss)		-874.			-874.
e			Gross income from fundraising events (not					-
Oth			including \$ 410,629. of					
			contributions reported on line 1c). See					
			Part IV, line 18	76,625.				
		b	Less: direct expenses 8b	76,625.				
		С	Net income or (loss) from fundraising events	>	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	+				
			Less: cost of goods sold10k	·				
		С	Net income or (loss) from sales of inventory					
sn	_		OMITED DEVENITE	Business Code	6 601			6 601
ne ne	11		OTHER REVENUE	900099	6,691.			6,691.
Miscellaneous Revenue		b						
Sce		C	All abbay yayaaya					
Ξ			All other revenue		6,691.			
	12	е	Total. Add lines 11a-11d Total revenue. See instructions		5,232,342.	0.	0.	30,409.
	12		TOTAL TOVORAGE COOR INSTRUCTIONS	····· 🚩	<u>~ , ~ ~ ~ , ~ ~ ~ .</u>			

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) I	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 100 054	0 100 054		
	and domestic governments. See Part IV, line 21	2,189,054.	2,189,054.		
2	Grants and other assistance to domestic	25 500	25 500		
	individuals. See Part IV, line 22	25,500.	25,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	165 126	165 126		
_	individuals. See Part IV, lines 15 and 16	165,136.	165,136.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	261 662	222 175	92 062	4E E2E
_	trustees, and key employees	361,662.	233,175.	82,962.	45,525
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	222 002	204 050	2 116	16 620
7	Other salaries and wages	323,803.	304,059.	3,116.	16,628
8	Pension plan accruals and contributions (include	2 150	2,646.	31.	A 7 2
_	section 401(k) and 403(b) employer contributions)	3,150. 3,281.	3,097.	32.	473 152
9	Other employee benefits	40,926.	32,080.	5,306.	3,540
10	Payroll taxes	40,940.	32,000.	3,300.	3,340
11	Fees for services (nonemployees):				
	Management	32,190.	32,190.		
b		34,190.	34,190.		
С.	5 ······ F	30,000.	30,000.		
	Lobbying	30,000.	30,000.		
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	, ,	362,760.	323,225.	25,770.	13,765
40	column (A) amount, list line 11g expenses on Sch O.)	62,655.	49,370.	4,511.	8,774
12	Advertising and promotion	172,610.	96,837.	22,395.	53,378
13	Office expenses	108,175.	91,949.	10,818.	5,408
14	Information technology	100,175.	71,747.	10,010.	3,400
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	29,588.	15,644.	13,944.	
19 20		25,500	10,011	10,011	
20					
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23					
23 24	Insurance Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CAMP FEES	47,358.	47,358.		
h	EVENT COSTS	43,362.	37,726.		5,636
2	MISCELLANEOUS	36,688.	8,280.	25,816.	2,592
d	RETURN OF PRIOR YEAR GR	-134,148.	-134,148.	==, -=-	_ / - / -
e	A.II	,	,		
25	Total functional expenses. Add lines 1 through 24e	3,903,750.	3,553,178.	194,701.	155,871
26	Joint costs. Complete this line only if the organization	, -, -	, -,	,	- , - <u>-</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,573,013. 2,264,899. 1 Cash - non-interest-bearing 411,846. 1,431,516. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 1,671,796. 682,127. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,348,541. 5,686,656. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 587,511. 1,041,770. Net assets without donor restrictions 27 27 3,761,030. 4,644,886. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

5,686,656. Form 990 (2020)

5,686,656.

30

31

32

4,348,541.

4,348,541.

30 31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>42.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2				50.			
3	Revenue less expenses. Subtract line 2 from line 1	3				92.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5			9,5	23.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	5,	68	6,6	56.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Cash Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
review, or compilation of its financial statements and selection of an independent accountant?									
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	o. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit						
	Act and OMB Circular A-133?			За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				TOOTH ASSOCT				22-2480896				
Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.					
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					ii).					
4		A medical research organiz						nter the hospital's name.				
		city, and state:		,			(,				
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ted by a d	overnmental unit des	scribed in				
Ū		section 170(b)(1)(A)(iv). (C		mage or arminorally arminor	. o. opo.a							
6		A federal, state, or local gov	*	nental unit described in	section 17	70(h)(1)(A)	(v)					
7								oral public described in				
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
٥		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8						بنموم ما ام	unation with a land a	rant callaga				
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the co	ollege or				
40	X	university:	II	# 00 4 /00/ - f #								
10	_21_	An organization that norma										
				•				port from gross investment				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organiza	tion after June 30, 1975.				
44		See section 509(a)(2). (Cor	•	ively to toot for public or	fatu Caa	andian E	00/aV4\					
11		An organization organized a						t the numbered of and ar				
12		An organization organized a										
		more publicly supported or						3). Check the box in				
		lines 12a through 12d that						ha la cariada a				
ć	a <u> </u>	☐ Type I. A supporting orga										
		the supported organization			a majority (or the aire	ctors or trustees of t	ne supporting				
		organization. You must o			4: · · · · · · · · · · · · · · · · ·			la acción a				
ŀ	, <u> </u>	☐ Type II. A supporting org										
		control or management o			ame perso	nis triat co	ontroi or manage the	supported				
		organization(s). You mus	•		in connec	tion with	and functionally into	aratad with				
,		☐ Type III functionally inte						grated with,				
	, _	its supported organization						ranization(a)				
•	d ∟_											
		that is not functionally int						teritiveriess				
		requirement (see instruct Check this box if the orga						a III				
•	• L	functionally integrated, or					a type i, type ii, typ	6 III				
	F Enta	er the number of supported o										
		vide the following information										
;		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of moneta	ary (vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	No	support (see instruction	ons) support (see instructions)				
				above (see instructions))								
Tot	al											

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

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

000	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances to	st. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	,	(,
	membership fees received. (Do not						
	include any "unusual grants.")	1642776.	2088880.	4949414.	4695526.	5201933.	18578529.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1767404	404 022				2262227
	organization's tax-exempt purpose	1767404.	494,923.				2262327.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2410100	0502002	4040414	4605506	F201022	20040056
	Total. Add lines 1 through 5	3410180.	2583803.	4949414.	4695526.	5201933.	20840856.
7a	Amounts included on lines 1, 2, and			0010607	404 000	1001500	4000100
	3 received from disqualified persons			2313627.	484,980.	1221523.	4020130.
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			F0 00F	255 625		400 454
	amount on line 13 for the year				355,637.	1001500	428,474.
	Add lines 7a and 7b			2386464.	840,617.	1221523.	4448604.
8	Public support. (Subtract line 7c from line 6.)						16392252.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 20840856.
	Amounts from line 6	3410180.	2583803.	4949414.	4695526.	5201933.	20840856.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			26,745.	42,833.	24,592.	94,170.
b	Unrelated business taxable income			-	-	-	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b			26,745.	42,833.	24,592.	94,170.
	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			110 7/5	188,896.	83 315	390,956.
40	assets (Explain in Part VI.)	3410180.	2583803.	5094904.	4927255.		21325982.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fil	rst, secona, tnira,	Tourth, or titth tax	year as a section s	ou i(c)(3) organizat	ion,
50/	check this box and stop here	io Support Do	roontago				PL
	•		<u> </u>	. (0)		45	76.87 %
	Public support percentage for 2020 (I					15	01 00
	Public support percentage from 2019 ction D. Computation of Investigation					16	81.93 %
	· · · · · · · · · · · · · · · · · · ·			40 (6)		47	.44 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	,,,
19a	33 1/3% support tests - 2020. If the	-					
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶ X and
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
360	tion C. Type it Supporting Organizations			
_	Many and the state of the second of the state of the stat		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		25		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	Section A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	22 2400000 Fage /
	ion D - Distributions	<u> </u>	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2018 AMOUNT: \$ 8,704. 2019 AMOUNT: \$ 13,357. 2020 AMOUNT: \$ 6,691. FUNDRAISING REVENUE 2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 76,624.	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
2018 AMOUNT: \$ 8,704. 2019 AMOUNT: \$ 13,357. 2020 AMOUNT: \$ 6,691. FUNDRAISING REVENUE 2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
2019 AMOUNT: \$ 13,357. 2020 AMOUNT: \$ 6,691. FUNDRAISING REVENUE 2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	OTHER INCOME
2020 AMOUNT: \$ 6,691. FUNDRAISING REVENUE 2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	2018 AMOUNT: \$ 8,704.
FUNDRAISING REVENUE 2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	2019 AMOUNT: \$ 13,357.
2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	2020 AMOUNT: \$ 6,691.
2018 AMOUNT: \$ 110,041. 2019 AMOUNT: \$ 175,539.	
2019 AMOUNT: \$ 175,539.	FUNDRAISING REVENUE
2020 AMOUNTE, & 76 624	2018 AMOUNT: \$ 110,041.
2020 AMOTINE. 6 76 624	2019 AMOUNT: \$ 175,539.
	2020 AMOITHUR. 6. 76.624

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion is covered by the General Rule or a Special Rule . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
sections 509(any one conti	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 00-EZ, line 1. Complete Parts I and II.				
contributor, d literary, or ed	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.				
year, contribu is checked, e purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box need that the total contributions that were received during the year for an exclusively religious, charitable, etc., of the complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year \bigcup \$				
but it must answer "No	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to neet 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) (2020)

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 210,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person **Pavroll** 5,800. Noncash (Complete Part II for

noncash contributions.)

Name of organization

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 341,651.	Person X Payroll Noncash (Complete Part II for

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 13,885. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 5,010. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$S, 930. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 5,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

22-2480896

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$11,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, audi ess, and zir + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$7,525.	Person X Payroll

Name of organization

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,468.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 41 X Person **Payroll** 315,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Pavroll 810,000. Noncash (Complete Part II for

noncash contributions.)

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 44 Person **Payroll** 5,010. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 45 X Person **Payroll** 22,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 46 Person **Payroll** 100,155. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 47 X Person **Payroll** 5,200. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person **Pavroll** 15,510. Noncash (Complete Part II for

noncash contributions.)

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 99,617.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	rume, address, and 2n ++	\$ 200,257.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 56 Person **Payroll** 109,587. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 57 X Person **Payroll** 10,010. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 59 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 60 X Person **Pavroll** 20,000. Noncash (Complete Part II for noncash contributions.)

Name of organization

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,910.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 X Person **Payroll** 11,010. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 68 Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 69 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 70 Person **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 71 X Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 72 Person **Pavroll** 5,010. Noncash (Complete Part II for

noncash contributions.)

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 X Person **Payroll** 25,221. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 74 Person **Payroll** 20,283. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 X Person **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 76 Person **Payroll** 6,220. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 77 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 X Person **Pavroll** 5,018. Noncash X (Complete Part II for noncash contributions.)

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
85	Name, address, and Zir ++	\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
86		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
87		\$ 235,345. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
88	Nume, address, and 2n + 4	\$ 84,181. Person X Payroll Onnocash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
89		\$ 20,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
90		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 92 Person **Payroll** 175,780. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 93 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 94 Person **Payroll** 157,740. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 95 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 96 X Person **Pavroll** 25,000. Noncash (Complete Part II for

noncash contributions.)

Name of organization

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46	STOCK		
		\$\$	01/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
49	STOCK		
		\$\$	02/28/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	STOCK		
		\$\$	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
56	STOCK		
		\$\$	08/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
61	STOCK		
		\$\$	08/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63	STOCK		
000450 11 0		\$10,232.	12/31/20

Name of organization

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I STOCK 78 5,018. 12/31/20 (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. (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 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

Employer identification number

Name of organization 22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga			COCTAMION	Empl	oyer identification number
Da	art I-A		-MARIE-TOOTH AS: panization is exempt un		or is a section 527 o	22-2480896
1 2	Provide Political	a description of the organiz	eation's direct and indirect politures gn activities	ical campaign activities	in Part IV ▶ \$	
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the	e amount of any excise tax	incurred by the organization ur	nder section 4955	▶ \$	
2	Enter the	e amount of any excise tax	incurred by organization mana	gers under section 4955	5 ▶\$	
			n 4955 tax, did it file Form 472			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				
			janization is exempt un			
			d by the filing organization for s			
2			ization's funds contributed to			
3			s. Add lines 1 and 2. Enter here			
	line 17b				▶\$	
_			1120-POL for this year?			
5	made pa	ayments. For each organiza	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter th panization, such as a separa	ne amount of political
		(a) 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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C		OT-MARIE-TOOTH ASSOCIATION		480896 Page 2
Part II-A	-	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A Check	if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share of exces	ss lobbying expenditures).		
B Check	if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total I	lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b Total I	lobbying expenditures to influence a le	gislative body (direct lobbying)	30,000.	
c Total I	lobbying expenditures (add lines 1a an	d 1b)	30,000.	
d Other	exempt purpose expenditures		3,717,879.	
e Total	exempt purpose expenditures (add line	s 1c and 1d)	3,747,879.	
f Lobby	ring nontaxable amount. Enter the amo	unt from the following table in both columns.	337,394.	
If the a	amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not o	ver \$500,000	20% of the amount on line 1e.		
Over S	\$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over S	\$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over S	\$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over S	\$17,000,000	\$1,000,000.		
g Grass	roots nontaxable amount (enter 25% c	f line 1f)	84,349.	
h Subtra	act line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtra	act line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If ther	e is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	
report	ing section 4911 tax for this year?		L	Yes No
		4-Year Averaging Period Under Section 501(h)		
		a section 501(h) election do not have to complete all e the separate instructions for lines 2a through 2f.)	of the five columns be	elow.
	Lobl	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount	268,154.	296,628.	341,924.	337,394.	1,244,100.				
b Lobbying ceiling amount (150% of line 2a, column(e))					1,866,150.				
c Total lobbying expenditures	30,520.	30,171.	30,300.	30,000.	120,991.				
d Grassroots nontaxable amount	67,039.	74,157.	85,481.	84,349.	311,026.				
e Grassroots ceiling amount (150% of line 2d, column (e))					466,539.				
f Grassroots lobbying expenditures					990 or 990-E7) 2020				

Schedule C (Form 990 or 990-EZ) 2020

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year		_		
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the e				
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	list)· Part II-	A lines 1 :	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in dor	nor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	s can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	ourpose confe	rring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ation of a histo	orically important land area
	Protection of natural habitat	Preserv	ation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in t	he form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ed by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforc	cing conservati	on easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing o	conservation ea	asements during the year
•			tian 170/b\/4\/F	2)/:)
8	Does each conservation easement reported on line 2(d) about a costion 170/b/(4)/D/(ii)?			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
9	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.	note to the organization's illiancia	ii statements ti	lat describes trie
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		-,	
	If the organization elected, as permitted under FASB ASC 9		tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	·		
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		,	•
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

Par	t III Organizations Maintaining C	collections of A	rt, His	torical T	reasures,	or Oth	er Si	milar Asse	e ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at make	signifi	cant use of its	3	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	change progi	ram				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further	the organizat	tion's exe	empt p	ourpose in Pa	rt XIII.	
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	he orga	nization's c	collection?			[Yes	☐ No
Par	t IV Escrow and Custodial Arran								, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other a	ssets no	t inclu	ded		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
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 Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·					•			
Par					_					
	<u> </u>	(a) Current year		rior year	(c) Two year			ree years back	(e) Four	years back
1a	Beginning of year balance		, ,		, ,					-
	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column ((a)) held as:					
	Board designated or quasi-endowment	one your one balanc	%	g, colaiiii ((u)) Hold do.					
h	Permanent endowment	%	_′°							
·	The percentages on lines 2a, 2b, and 2c sho	· =								
32	Are there endowment funds not in the posse	•	ation the	at are held :	and administ	ered for	the or	nanization		
oa	by:	SSION OF THE ORGANIZA	ation the	at are ricid t	and administ	crea ioi	ti ic oi	garnzation	Г	Yes No
	(i) Unrelated organizations									103 110
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization	tione lieted as requir	red on S	chadula R	 ว				3b	
4	Describe in Part XIII the intended uses of the				•				OD	
	t VI Land, Buildings, and Equipm		WITIETT	iuius.						
	Complete if the organization answered) Part I	/ line 11a	See Form 99	n Part X	(line 1	10		
	Description of property	(a) Cost or o			t or other	T	Accum	1	(d) Book	valuo
	Description of property	basis (investr			(other)		eprecia		(u) Door	value
10	Land	`		54313	(301101)			511		
	Land									
	Buildings Leasehold improvements									
	Equipment Other									
	Other		Y colur	nn (P) lino	100)	I				0.

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020 CHARCOT-MAR	IE-TOOTH	ASSOC1	ATION	22-	2480896	Page
Part VII Investments - Other Securities.						
Complete if the organization answered "Yes"	on Form 990, Pa	art IV, line 11b	o. See Form 990, Parl	X, line 12.		
(a) Description of security or category (including name of security)	(b) Book va	alue	(c) Method of valua	tion: Cost or end-c	f-year market \	/alue
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"	on Form 990, Pa	art IV, line 11d	c. See Form 990, Part	X, line 13.		
(a) Description of investment	(b) Book va		(c) Method of valua		f-year market v	/alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes"	on Form 990. Pa	art IV. line 11d	d. See Form 990. Parl	X. line 15.		
	Description			1,7,4,	(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	15)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)			P		
Complete if the organization answered "Yes"	on Form 990, Pa	art IV, line 11e	e or 11f. See Form 99	0, Part X, line 25.		
1. (a) Description of liability					(b) Book va	alue
(1) Federal income taxes						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
				I		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

	t XI Reconciliation of Revenue per Audited Financial Statem		Povonuo nor B		2400090 Page 4
Pai	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.		nevenue per n	eturi	1.
1	Total revenue, gains, and other support per audited financial statements			1	5,318,490.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	3,310,4300
	Net unrealized gains (losses) on investments	2a	9,523.		
	Donated services and use of facilities			-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	9,523.
3	Subtract line 2e from line 1			3	5,308,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-76,625.		
С	Add lines 4a and 4b			4c	-76,625.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,232,342.
Pai	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				2 000 275
1	Total expenses and losses per audited financial statements			1	3,980,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
a	Donated services and use of facilities			-	
b	Prior year adjustments	1 _ 1		-	
С.	Other losses			-	
	Other (Describe in Part XIII.)			-	0.
_	Add lines 2a through 2d			2e 3	3,980,375.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,300,3131
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-76,625.	-	
	Add lines 4a and 4b			4c	-76,625.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			5	3,903,750.
	t XIII Supplemental Information.				· · ·
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Part	X, line 2; Part XI,
PAI	T X, LINE 2:				
ACC	COUNTING STANDARDS REQUIRE ENTITIES TO EVA	ALUATE,	MEASURE,	REC	OGNIZE AND
DIS	CLOSE ANY UNCERTAIN INCOME TAX POSITIONS	TAKEN	ON THEIR T	'AX	RETURNS.
ACC	COUNTING STANDARDS PRESCRIBE A MINIMUM TH	RESHOLD	THAT A TA	X P	OSITION IS
REÇ	UIRED TO MEET IN ORDER TO BE RECOGNIZED	IN THE	FINANCIAL	STA	TEMENTS.
THE	ORGANIZATION BELIEVES THAT IT HAD NO UNG	CERTAIN	TAX POSIT	ION	s.
PAI	T XI, LINE 4B - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT EXPENSES				-76,625.
PAI	T XII, LINE 4B - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT EXPENSES				-76,625.

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

165,136.

Schedule F (Form 990) 2020

Name of the organization

Employer identification number

CHARCOT-MARIE-T					22-248089	
Part I General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "\	∕es" on
Form 990, Part IV	,					
			ds to substantiate the amount of its gra			🖂
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? 🔼	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and of	ther assistance out	side the
United States.						
			an be duplicated if additional space is r			
(a) Region		(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments
		in the region	recipients issued in the region,	0.00.000		in the region
CUROPE (INCLUDING						
CELAND & GREENLAND)						
ALBANIA, ANDORRA,		0			22777	165 136
AUSTRIA, BELGIUM	0	0	GRANT MAKING	RESEARCH GR	ANTS	165,136.
EUROPE (INCLUDING						
CELAND & GREENLAND)						
ALBANIA, ANDORRA,	0	0	EINDDA I GING			
NUSTRIA, BELGIUM	0	0	FUNDRAISING			0.
CANADA AND MEXICO, BUT NOT THE UNITED						
STATES	0	0	FUNDRAISING			0.
TAILS	0	0	FUNDRAISING			1
3 a Subtotal	0	0				165,136.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						

032071 12-03-20

and 3b)

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	CMT RESEARCH	48,840.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	CMT RESEARCH	104,238.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	CMT RESEARCH	12,058.	WIRE TRANSFER	0.		
O Findan datal in made on at								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: CMTA REQUIRES BY CONTRACT PERIOD PROGRESS REPORTS ON THE FUNDED RESEARCH. ITS CONTRACTS ALSO INCLUDE A FULL RESEARCH PLAN WITH BUDGETS AND DELIVERABLES.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number

CHARCUT	-MARIE-TOOTH ASSOC	TAT	TON		22-2460	090
Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (inclu- irofess	non-g gover aising ding o	overnment grants inment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	. Dutions	s or has been notified	d it is exempt from re	egistration
THE ENDOWNER DESIGNATION		000	. 000		Oakadada O./E	
LHA For Paperwork Reduction Act Not	ice, see the instructions for Form	99U or	990-	EZ.	scneaule & (Form 9	90 or 990-EZ) 2020

Pa	rt I								
		of fundraising event contributions and gr)-EZ, I					pts greater than \$5,000.
			(a) Event #1 CYCLE 4 CMT	TEI CM7	(b) Event E OFF		(c)	Other events	(d) Total events (add col. (a) through
a)			(event type)	CM	event typ	oe)	(t	otal number)	col. (c))
Revenue	1	Gross receipts	186,088.		114,	375.		186,791	. 487,254.
ш	2	Less: Contributions	146,403.		89,	757.		174,469	410,629.
	3	Gross income (line 1 minus line 2)	39,685.		24,	618.		12,322	76,625.
	4	Cash prizes							
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs			20,	579.			20,579.
Direct E	7	Food and beverages							
	8 9	Entertainment Other direct expenses			4,	039.		12,322	
	10	Direct expense summary. Add lines 4 through						>	76,625.
Da								>	0.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990,	Part IV, lir	ne 19, or	report	ed more than	
		\$13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/i	nstant			(d) Total gaming (add
Revenue			(a) Bingo		o/progressi		(c)	Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses			.,		П,		
	6	Volunteer labor	Yes % No		Yes No	%		Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)					>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					>	
а	ls t	ter the state(s) in which the organization condicted the organization licensed to conduct gaming a No," explain:		state	s?				Yes No
								_	
		ere any of the organization's gaming licenses re	evoked, suspended, or t	ermin	ated durin	g the tax	year?		Yes No

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 CHARCOT-MARIE-TOOTH ASSOCIATION 22-	<u> 2480896</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) CHARCOT-MARIE-TOOTH ASSOCIATION	22-2480896 Page 4
Schedule G (Form 990 or 990-EZ) CHARCOT-MARIE-TOOTH ASSOCIATION Part IV Supplemental Information (continued)	
-	

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

CHARCOI-M	AKIE-100.	TH ASSOCIATI	LOIN				22-2400	090
Part I General Information on Grants a	ınd Assistance							
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion	
criteria used to award the grants or assis	stance?						X Yes	No
2 Describe in Part IV the organization's pro	ocedures for mon							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the org	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any	
recipient that received more than	\$5,000. Part II ca	be duplicated if addit	tional space is need	led.			1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	ıt
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD								
LOS ANGELES, CA 90048	95-1644600	501(C)(3)	72,021.	0.			CMT RESEARCH	
CHARLES RIVER LABORATORIES 251 BALLARDVALE STREET WILMINGTON, MA 01887	06-1397316		116,651.	0.			CMT RESEARCH	
CLEVELAND CLINIC/LERNER RESEARCH INSTITUTION - PO BOX 931652 - CLEVELAND, OH 44193	91-2153073	501(C)(3)	11,012.	0.			CMT RESEARCH	
COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	101,803.	0.			CMT RESEARCH	
PSYCHOGENICS INCORPORATED 257 PARK AVENUE SOUTH, 7TH FLOOR NEW YORK, NY 10010	94-2963168		969,326.	0.			CMT RESEARCH	
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 90048	14-1368361	501(C)(3)	19,393.	0.			CMT RESEARCH	
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	he line 1 table		•	•	>	12.
3 Enter total number of other organization								2.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (g) Description of (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THE GENESIS PROJECT, INC. 5244 N BAY ROAD MIAMI BEACH, FL 33140 46-5604473 501(C)(3) 50,000 0 CMT RESEARCH UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 748872 - LOS ANGELES, CA 90074 94-6036493 501(C)(3) 132,852 0 CMT RESEARCH UNIVERSITY OF IOWA-CARVER 200 HAWKINS DRIVE 2007 RCF IOWA CITY, IA 52242 42-6004813 501(C)(3) 412,510 0 CMT RESEARCH UNIVERSITY OF ILLINOIS 28395 NETWORK PLAZA CHICAGO, IL 60673 37-6000511 501(C)(3) 84,870 0 CMT RESEARCH UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384 59-0624458 0 CMT RESEARCH 501(C)(3) 93,938 UNIVERSITY OF ROCHESTER 910 GENESEE STREET ROCHESTER, NY 14611 16-0743209 501(C)(3) 88,328 CMT RESEARCH 0 UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 CMT RESEARCH ORLANDO, FL 32886 59-3102112 501(C)(3) 8 000 0 UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET, SUITE 6401 MADISON, WI 53715 39-6006492 501(C)(3) 25,586 0 CMT RESEARCH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIPS	16	25,500.	0.		
		-			
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:		· · · · · · · · · · · · · · · · · · ·			
CMTA REQUIRES BY CONTRACT PERIOD	PROGRESS	REPORTS ON	THE FUNDE	D RESEARCH.	
ITS CONTRACTS ALSO INCLUDE A FULI	RESEARCH	PLAN WITH	I BUDGETS A	.ND	
DELIVERABLES.					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		X
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ_
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
o		Ļ		-22
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ו פ		ı

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(()-(U)	reported as deferred on prior Form 990
(1) AMY GRAY	(i)	240,000.	19,200.	0.	7,776.	1,094.	268,070.	0.
CHIEF EXECUTIVE OFFICER	(ii)		0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

	CHARCOT-MARI	E-TOOI	'H ASSOCIA	TION	22-24	48089	6		
Par	Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	unts		
1	Art - Works of art							_	
2	Art - Historical treasures							_	
3	Art - Fractional interests							_	
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	11	288,387.	FMV				
10	Securities - Closely held stock							_	
11	Securities - Partnership, LLC, or								
	trust interests							_	
12	Securities - Miscellaneous							_	
13	Qualified conservation contribution -								
	Historic structures							_	
14	Qualified conservation contribution - Other							_	
15	Real estate - Residential							_	
16	Real estate - Commercial							_	
17	Real estate - Other							_	
18	Collectibles							_	
19	Food inventory							_	
20 21	Drugs and medical supplies							-	
22	Taxidermy							-	
23	Historical artifacts Scientific specimens							-	
24	Archeological artifacts							-	
25	Other ()							-	
26	Other ()							-	
27	Other ()							_	
28	Other (_	
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				_	
	for which the organization completed Form 82						0		
						Ye	s No		
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it				
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for				
	exempt purposes for the entire holding period	?				30a	X	_	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	ıtions?	31	X		
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncash					
	contributions?					32a	X	_	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	ty for which column (a) is che	cked,				
	describe in Dort II								

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

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP AMONG BOARD MEMBERS:

GILLES BOUCHARD, CHAIRMAN OF THE BOARD, AND CHRIS OUELLETTE, BOARD MEMBER,

ARE BROTHERS-IN-LAW.

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

GOVERNING BODY REVIEW OF FORM 990:

FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS.

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

MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY:

THE ORGANIZATION HAD A WORKSHOP FOR ALL BOARD MEMBERS ON THE CONFLICT OF

INTEREST POLICY ANNUALLY. THE PHYSICIANS ON THE BOARD DISCLOSE ALL

PERTINENT RESEARCH WORK, AND DO NOT VOTE ON RESEARCH SPENDING. THE BOARD

CHAIRMAN AND CEO REVIEW AND MONITOR THE CONFLICT OF INTEREST DISCLOSURES.

IF A CONFLICT OF INTEREST IS IDENTIFIED, THE RESPONSIBLE PERSON SHALL

REFRAIN FROM ANY ACTION THAT MAY AFFECT CMTA'S PARTICIPATION IN SUCH

CONTRACT OR TRANSACTION.

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

PROCESS FOR DETERMINING COMPENSATION:

THE ORGANIZATION'S BOARD OF DIRECTORS DETERMINES THE CEO'S COMPENSATION

ANNUALLY, CONSIDERING WHATEVER FACTORS AND INFORMATION IT DEEMS

APPROPRIATE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

CHARCOT-MARIE-TOOTH ASSOCIATION	22-2480896
AL, CA, CO, CT, DC, FL, IL, KS, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA
SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF OTHER DOCUMENTS:	
UPON REQUEST BY MAIL, TELEPHONE, AND/OR EMAIL. AUDITED FI	NANCIAL STATEMENTS
ARE AVAILABLE ON THE CMTA'S WEBSITE.	
FORM 990, PART XII, LINE 1:	
THE FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE MODIFI	ED CASH BASIS
OF ACCOUNTING, A COMPREHENSIVE BASIS OF ACCOUNTING OTHER	THAN GENERALLY
ACCEPTED ACCOUNTING PRINCIPLES. UNDER THE CASH BASIS, REV	VENUE IS
RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPE	ENSES ARE
RECOGNIZED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS	NCURRED. THE
CASH BASIS HAS BEEN MODIFIED BY THE RECORDING OF INVESTME	ENTS.