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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Inspection

A For the 2023 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

D Employer identification number Check if applicable: C Name of organization Address change CHARCOT-MARIE-TOOTH ASSOCIATION Name change 22-2480896 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 8 S GARFIELD AVE 610-427-2971 termin-ated 11,627,521. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended GLENOLDEN, PA 19036 H(a) Is this a group return Applica-F Name and address of principal officer: SUZANNE BRUHN Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.CMTAUSA.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1983 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: FIGHTING TO END Activities & Governance CHARCOT-MARIE-TOOTH DISEASE. Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) <u>17</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>11</u> 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u> 150</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 8,795,013. 4,357,172. Contributions and grants (Part VIII, line 1h) Revenue 1,581,813. 1,308,834. Program service revenue (Part VIII, line 2g) 15,898. 77,872. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,216. 17,630. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,398,940. 5,761,508. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,704,561. 2,963,560. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 992,749. 1,117,162. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,848,080. 2,211,244. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,545,390. 6,291,966. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,853,550 -530,458. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 9,861,023. 9,566,018. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 9,861,023. 9,566,018. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign SUZANNE BRUHN, CHIEF EXECUTIVE OFFICER Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed Paid ADAM WATSON ADAM WATSON 07/30/24 P01367206 BBD, LLP Firm's EIN 23-2896692 Preparer Firm's name Firm's address 1835 MARKET STREET, SUITE 300 Use Only Phone no. 215 - 567 - 7770 PHILADELPHIA, PA 19103 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	ш
•	TO SUPPORT THE DEVELOPMENT OF NEW DRUGS TO TREAT CHARCOT-MARIE-TOOTH	
	DISEASE (CMT), TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CMT AND	
	ULTIMATELY, TO FIND A CURE.	
	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	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 expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,273,187. including grants of \$ 2,963,560.) (Revenue \$ 1,308,834)	<u> </u>
4a	(Code:) (Expenses \$ 4,273,187. including grants of \$ 2,963,560.) (Revenue \$ 1,308,834) CMTA AWARDS RESEARCH FELLOWSHIPS AND GRANTS FOR RESEARCH ON)
	CHARCOT-MARIE-TOOTH DISEASE. IT ALSO HOSTS BI-ANNUAL MEETINGS OF ALL	
	RESEARCHERS RECEIVING ITS FUNDING TO PROMOTE KNOWLEDGE EXCHANGE AND	
	SYNERGY. IT USES THE SERVICES OF A MEDICAL RESEARCH CONSULTANT TO	
	OVERSEE THE SELECTION OF THE RECIPIENTS OF THE RESEARCH FUNDING AND TO	5
	WRITE THE GRANTS AND CONTRACTS WITH THESE RESEARCHERS.	
4b	(Code:) (Expenses \$ 1,360,387. including grants of \$) (Revenue \$	
	CMTA ORGANIZES AND CONDUCTS SUPPORT GROUPS, CONFERENCES AND EDUCATIONAL	$\overline{\mathtt{AL}}^{\prime}$
	WEBINARS FOR PATIENTS, THEIR FAMILIES AND MEDICAL PRACTITIONERS TO	
	SHARE KNOWLEDGE AND PROMOTE AWARENESS OF CHARCOT-MARIE-TOOTH DISEASE.	
	CVER ALGO DUDI TOURG A DT MOVENIU V NEUGLEERED AND ORUED EDVICATIONAL	
	CMTA ALSO PUBLISHES A BI-MONTHLY NEWSLETTER AND OTHER EDUCATIONAL PUBLICATIONS WHICH ARE AVAILABLE TO THE PUBLIC.	
	FUBLICATIONS WHICH ARE AVAILABLE TO THE FUBLIC:	
	CMTA ALSO MAINTAINS A WEBSITE FOR PATIENTS, THEIR FAMILIES AND MEDICAL	
	PRACTITIONERS TO ASSIST IN UNDERSTANDING AND TREATING	
	CHARCOT-MARIE-TOOTH DISEASE.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,633,574.	
	Form 990 (2	2023)

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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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,			3,7
_	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	441		v
	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
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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	446	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 21	
15	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			
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	77	

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		v	
04 -	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	1 7		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) CHARCOT-MARIE-TOOTH ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		Х
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d 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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/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:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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. Is the organization licensed to issue qualified health plans in more than one state? N/A	120		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	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		Х
	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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.		000	(0000)

332005 12-21-23

Form **990** (2023)

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 1a 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_		2	х	
2				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Dividios (mis seedion Broqueste information about politics not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
		10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	L_
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the state of the same of t	16b		
Sac	tion C. Disclosure	100	l	<u> </u>
<u> 17</u>	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	_ Mn	. M Δ	MT
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	is only) avall	auie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 610-427-2971			
	8 S GARFIELD AVE, GLENOLDEN, PA 19036			
	CDD COUDDING O DOD DING TIOM OF CHIRDS	_	200	

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

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

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

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

Check this box if neither the organization ne	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	e (do.		Position (do not check more than on					one	Reportable	Reportable	Estimated
	hours per	box	, unle	inless person is both an r and a director/trustee)			h an	compensation	compensation	amount of		
	week		cer an	u a u	recio	or/trus	lee)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	rustee	l trus		e e	nben		1099-NEC)	1099-NEO)	and related		
	below	dualt	itiona	L	oldu	st co.	J.	1000 (120)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			3		
(1) JEANA SWEENEY	40.00											
CHIEF ENGAGEMENT AND GIFT OFFICER						Х		212,500.	0.	7,262.		
(2) AMY GRAY	40.00											
CHIEF EXECUTIVE OFFICER (TIL 03/2023				Х				149,038.	0.	2,346.		
(3) KATHERINE FORSEY	40.00											
CHIEF RESEARCH OFFICER						Х		113,555.	0.	7,239.		
(4) LAUREL RICHARDSON	40.00											
DIRECTOR OF COMMUNITY OUTREACH						Х		102,375.	0.	3,774.		
(5) KIMBERLY MAGEE	40.00							00 000		0 650		
DIRECTOR OF FINANCE AND ADMIN				Х				99,375.	0.	3,659.		
(6) SUZANNE BRUHN	40.00							45 005		4 540		
CHIEF EXECUTIVE OFFICER (FROM 11/202				Х				47,307.	0.	1,749.		
(7) GILLES BOUCHARD	0.00											
CHAIRMAN		Х		Х				0.	0.	0.		
(8) KEVIN SAMI	0.00											
TREASURER		Х		Х				0.	0.	0.		
(9) HERBERT BERON	0.00											
SECRETARY		Х		Х				0.	0.	0.		
(10) DAVID APPLE	0.00											
DIRECTOR (FROM APR. 2023)		Х						0.	0.	0.		
(11) DAN CHAMBY	0.00											
DIRECTOR	0 00	Х						0.	0.	0.		
(12) DAVID COLDIRON	0.00	,,						0		•		
DIRECTOR	0 00	Х						0.	0.	0.		
(13) DR. THOMAS DUBENSKY	0.00	٠,,						0	0	•		
DIRECTOR	0 00	Х						0.	0.	0.		
(14) PETE FOLEY	0.00	Ι.,						0	0	•		
DIRECTOR (UNTIL DEC. 2023)	0.00	Х						0.	0.	0.		
(15) GARY GASPER DIRECTOR	0.00	х						0.	0.	0.		
	0.00	^						0.	0.	0.		
(16) ALAN KOROWITZ DIRECTOR	0.00	х						0.	0.	0.		
(17) DAVID NORCOM	0.00	┌┸		\vdash				0.	0.	0.		
DIRECTOR	0.00	Х						0.	0.	0.		
DIVECTOR	l	L				1		J • 0 •	l 0.	J •		

332007 12-21-23

Form 990 (2023)

Form 990 (2023) CHARCOT-1	MARIE-T(יטכ.	l.H	A	550	JC.	LA'.	LION	22-2480	896 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(C)						(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation from	Reportable compensation from related	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	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) STEVEN O'DONNELL	0.00									
DIRECTOR		Х						0.	0.	0.
(19) CHRIS OUELLETTE DIRECTOR (UNTIL AUG. 2023)	0.00	X						0.	0.	0.
(20) JONATHAN PASTOR	0.00								•	
DIRECTOR		Х						0.	0.	0.
(21) PHYLLIS SANDERS	0.00									
DIRECTOR		Х						0.	0.	0.
(22) DR. STEVEN SCHERER DIRECTOR	0.00	x						0.	0.	0.
(23) DR. MICHAEL SHY	0.00	^						0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(24) DR. JOHN SVAREN	0.00									
DIRECTOR		Х						0.	0.	0.
(25) CRAIG ZELTSAR DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal		<u> </u>						724,150.	0.	26,029.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								724,150.	0.	26,029.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable	Л
compensation from the organization 4										

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ______ Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HUMANFIRST THERAPEUTICS, 9600 DEWITT DRIVE, SUITE 1, SILVER SPRING, MD 20910	RESEARCH CONSULTANT	415,648.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

Form **990** (2023)

\$100,000 of compensation from the organization

		(====)				<u> </u>	I-TOOTH A	SSOCIATION		22-2480	896 Page 9
Pa	rt V	Statement of	f Re	ven	ue						
		Check if Schedul	le O c	onta	ains a resp	onse	or note to any lin				
								(A)	(B)	(C)	(D) Revenue excluded
								Total revenue	Related or exempt function revenue		
									Tarrottorrito	54511005 10101140	sections 512 - 514
nts nts	1 8	Federated campaigns	ıs		1a						
ırar Dun		Membership dues _									
Ę,		Fundraising events					155,297.				
###		Related organizations					,				
3, Bis		Government grants (
Sig		All other contributions,									
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not incl					4,201,875.				
호텔		Noncash contributions inclu-			···	<u> </u>	145,147.				
N P								4,357,172.			
= 		Total. Add lines 1a-11	<u> </u>				Business Code	4,337,172.			
	•	DDOCDAM CEDUTCE	ווזים מ	PATTE	,		900099	1 200 024	1 200 024		
Program Service Revenue	2 8		KEVI	PINOE			900099	1,308,834.	1,308,834.		
ne ne	١					_					
Wen S	•										
gra Re	•										
Š	•										
_	1	All other program ser									
$\overline{}$		Total. Add lines 2a-21						1,308,834.			
	3	Investment income (ii		•							
		other similar amounts)					45,563.			45,563.	
	4 Income from investment of tax-exempt bond pr		F								
	5	Royalties									
					(i) Rea	l .	(ii) Personal				
		b Less: rental expenses 6b 6b									
	ı										
		Rental income or (los	•	6с							
	•	Net rental income or	(loss)								
	7 8	Gross amount from sale	es of		(i) Securi	ties	(ii) Other				
		assets other than invent	tory	7a	5,811,	389.					
	ı	Less: cost or other bas	sis								
evenue		and sales expenses		7b	5,779,	080.					
Ş.	(Gain or (loss)		7с	32,	309.					
<u>د</u> ا	(Net gain or (loss)						32,309.			32,309.
Other		Gross income from fund									
გ		including \$	1	155,	297. of						
		contributions reporte	ed on	line	1c). See						
		Part IV, line 18				8a	86,933.				
	ı	Less: direct expenses					86,933.				
		Net income or (loss) f						0.			
		Gross income from g									
		Part IV, line 19					1				
	ı	Less: direct expenses									
		Net income or (loss) f					.				
		Gross sales of invent									
		and allowances	-			10a					
		Less: cost of goods s									
		Net income or (loss) f					·				
<u></u>					2 5.110	.,	Business Code				
ous 👢	11 a	OTHER REVENUE					900099	17,630.			17,630.
ang l								•			,
e e											
Miscellaneous Revenue		All other revenue									
_		Total. Add lines 11a-						17,630.			
	12	Total revenue. See inst						5,761,508.	1,308,834.	0.	95,502.

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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).

Δ-	• 1	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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	0 556 406	0 556 406		
	and domestic governments. See Part IV, line 21	2,776,496.	2,776,496.		
2	Grants and other assistance to domestic	40 500	40 500		
	individuals. See Part IV, line 22	42,500.	42,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	144 564	144 564		
	individuals. See Part IV, lines 15 and 16	144,564.	144,564.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 474	160 016	01 062	60 605
_	trustees, and key employees	303,474.	160,916.	81,863.	60,695
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C07 200	C17 017	14 251	CE 701
7	Other salaries and wages	697,289.	617,217.	14,351.	65,721
8	Pension plan accruals and contributions (include	16 100	1 4 1 0 4	160	1 056
	section 401(k) and 403(b) employer contributions)	16,122.	14,104.	162.	1,856
9	Other employee benefits	11,303.	10,841.	169.	293
10	Payroll taxes	88,974.	72,382.	7,590.	9,002
11	Fees for services (nonemployees):				
а	Management	50 500	25 55	40.044	
b	Legal	50,799.	37,755.	13,044.	
С	Accounting				
d	Lobbying	30,300.	30,300.		
е	, <u> </u>				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	936,158.	724,624.	137,122.	74,412
12	Advertising and promotion	120,444.	100,308.	10,022.	10,114
13	Office expenses	233,465.	169,561.	23,360.	40,544
14	Information technology	88,271.	69,173.	8,228.	10,870
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	187,597.	109,058.	72,862.	5,677
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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	303,956.	303,956.		
b	EVENT COSTS	241,825.	231,705.		10,120
С	MISCELLANEOUS	18,429.	18,114.	315.	
d		-			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,291,966.	5,633,574.	369,088.	289,304
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.		l		

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		Check if Schedule O contains a response or note to an	y line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		7,382,998.	1	908,308.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these pers	ons		5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	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	
	11	Investments - publicly traded securities		2,478,025.	11	8,457,711.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	199,999.
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)	9,861,023.	16	9,566,018.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	T T		21	
ies	22	Loans and other payables to any current or former office	I			
Liabilities		trustee, key employee, creator or founder, substantial	T I			
Lial		controlled entity or family member of any of these pers			22	
	23	Secured mortgages and notes payable to unrelated thi			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	· · · · · · · · · · · · · · · · · · ·		05	
	26	of Schedule D		0.	25 26	0.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check her	e X	<u> </u>	20	<u> </u>
es		and complete lines 27, 28, 32, and 33.	e <u></u>			
anc	27	Net assets without donor restrictions		5,412,200.	27	6,460,062.
Bal	28	Net assets with donor restrictions		4,448,823.	28	3,105,956.
Fund Balances		Organizations that do not follow FASB ASC 958, che		, ., .		.,,.
Ī.		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
Net Assets or	31	Retained earnings, endowment, accumulated income,	F		31	
Net	32	Total net assets or fund balances		9,861,023.	32	9,566,018.
	33	Total liabilities and net assets/fund balances		9,861,023.	33	9,566,018.

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				Pa	ge 12
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)		5 , 763		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6 , 293		
3	Revenue less expenses. Subtract line 2 from line 1	3	-53		
4					23.
5	• • • • • • • • • • • • • • • • • • • •				53.
6					
7	Investment expenses	7			
8	Prior period adjustments	8			
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	9,560	5,0	<u> 18.</u>
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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	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	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1 1		I

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2023)

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SCHEDULE A

(Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number

22-2480896 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	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 the	•		•	•	. , . ,	
0 -	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (I					14	<u>%</u>
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the contact is a support test - 2023 is the contact in the contact is a support test - 2023.						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2022. 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						
17-							
17a	'a 10% -facts-and-circumstances test - 2023. 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						
						-	
ı.	meets the facts-and-circumstances to	-			-	17a and line 15 is	
O	10% -facts-and-circumstances tes	_					10% Or
	more, and if the organization meets the				-		
12	organization meets the facts-and-circ						
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2023

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

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

Sec	qualify under the tests listed below, please complete Part II.) Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(a) 2022	(e) 2023	(I) Iotai
'	membership fees received. (Do not						
	include any "unusual grants.")	4695526.	5201933.	5161270.	8795013.	1299119	28153161.
2		4000000	3201333.	3101270.	0755015.	44774176	20133101.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1581813.	1308834.	2890647.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	4695526.	5201933.	5161270.	10376826.	5608253.	31043808.
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons	484,980.	1221523.	509,845.	5326034.	1682601.	9224983.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that	, , , , , ,		, ,			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	355,637.			825,809.	879,557.	2061003.
	: Add lines 7a and 7b	840,617.	1221523.	509,845.	6151843.		11285986.
	Public support. (Subtract line 7c from line 6.)	,					19757822.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	4695526.	5201933.	5161270.	10376826.	5608253.	31043808.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,833.	24,592.	9,495.	16,571.	43,146.	136,637.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business	42,833.	24,592.	9,495.	16,571.	43,146.	136,637.
	activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	188,896.	83,315.	116,260.	122,269.	104,563.	615,303.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4927255.	5309840.	5287025.	10515666.	5755962.	31795748.
	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 5	i01(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	62.14 %
	Public support percentage from 2022					16	61.91 %
Se	ction D. Computation of Inves	stment Incom					
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.43 %
18	Investment income percentage from 2					18	.39 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box at	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	X
k	33 1/3% support tests - 2022. If the						
••	line 18 is not more than 33 1/3%, che						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
vu		
9b		
9с		
10a		
10h		
 10b		

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion 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		100	140
	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	4		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zd		
	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	Ot-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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			

Sche	dule A (Form 990) 2023 CHARCOT-MARIE-TOOTH AS	SOCIAT	ION	22-2480896 Page 6
Pai		ing Orgar	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E	<u>.</u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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		
e	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		

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

Schedule A (Form 990) 2023

5

6

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

. u	Type in Neil I anotionally integrated ood	(a)(a) capporting org	aationo (continu	uea)_			
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	าร	3				
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - pri	Qualified set-aside amounts (prior IRS approval required - <i>provide details in</i> Part VI)					
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 2023 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023		
			110 2020		7		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
	From 2018						
b	From 2019						
c	From 2020						
d	From 2021						
e	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
<u>i</u> _	Carryover from 2018 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c						

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART	III, LINE 12, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2019 AMOUNT: \$	13,357.
2020 AMOUNT: \$	6,691.
2022 AMOUNT: \$	6,216.
2023 AMOUNT: \$	17,630.
FUNDRAISING REVE	NUE
2019 AMOUNT: \$	175,539.
2020 AMOUNT: \$	76,624.
2021 AMOUNT: \$	116,260.
2022 AMOUNT: \$	116,053.
2023 AMOUNT: \$	86,933.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

CHARCOT-MARIE-TOOTH ASSOCIATION

22-2480896

Organiza	ation type (check or	ne):			
Filers of	:	Section:			
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990	D-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).			

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

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,182.	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
4	- Trumo, addi oco, and En 11	\$15,000.	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
5		\$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
6		\$5,000.	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 additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,154.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
13		\$ 32,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 17,399.	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
16	- Trumo, addi oco, and En 11	\$6,010.	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
17		\$\$	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
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
19		\$7,527.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Humo, dudi coo, and Eli T	\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 22	Name, address, and ZIP + 4	\$ 5,005.	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
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		\$\$	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,605.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Name, address, and ZIF + +	\$10,104.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$ 12,222.	Person X Payroll
(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		\$ 25,005.	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,182.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(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		\$5,021.	Person X Payroll

Name of organization

Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$11,948.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$	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
41		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
43		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	Nume, address, and En T	\$7,482.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 1,264,215.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	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
48		\$	Person X Payroll

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
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$6,960.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	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
52		\$5,559.	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		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$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
59		\$\$	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
60		\$19,046.	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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) Total contributions	(d) Type of contribution
61		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,384.	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		\$\$	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
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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) Total contributions	(d) Type of contribution
67		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,182.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,182.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	- Traine, address, and En 1 1	\$5,500.	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
71		\$	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
72		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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) Total contributions	(d) Type of contribution
73		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$\$2,114.	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
77		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,024.	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
79		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	Humo, dudi coo, and Eli T	\$10,021.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82 82	Name, address, and ZIP + 4	\$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
83		\$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
84		\$5,747.	Person X Payroll

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
85		\$ 25,518.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ 15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$ <u>17,143.</u>	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$5,073.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$5,596.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ 104,800.	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
94	- Trumo, addi oco, and En 11	\$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
95		\$ 5,224.	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
96		\$ 13,550.	Person X Payroll

Name of organization

Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
97		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ 25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$9,338.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ <u>16,760.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$ 20,363.	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
102		\$ 60,312.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CHARCOT-MARIE-TOOTH ASSOCIATION

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
103		\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$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
108		\$ 25,000.	Person X Payroll

Schedule B (Form 990) (2023)

CHARCOT-MARIE-TOOTH ASSOCIATION

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

CHARCOT-MARIE-TOOTH ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
76	STOCK		
		\$52,114.	_11/06/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
102	STOCK		
		\$\$	12/12/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
202452 10.00		· -	Caladula B (Farm 000) (0000)

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 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. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

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.

Nar	ne of orga	anization			E	mployer identification number
_		CHARCOT		22-2480896		
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 52	?7 organization.
	Political	campaign activity expendit	cation's direct and indirect politi ures gn activities			
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)((3).	
			incurred by the organization un			
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
48	a Was a c	correction made?				Yes No
	T	describe in Part IV.		dan a atian FO4(a)		204(-)(0)
	art I-C		ganization is exempt un		-	
			by the filing organization for se	•		\$
2			ization's funds contributed to o			Φ.
2			s. Add lines 1 and 2. Enter here			🏓
3		· · · · · · · · · · · · · · · · · · ·				¢
1	Did the	filing organization file Form	1120-POL for this year?			Yes No
			mployer identification number (
Ū			tion listed, enter the amount pa		-	
	-	•	omptly and directly delivered to	• •		•
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received and

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

Schedule C (Form 990) 2023

84,349.

				IE-TOOTH AS			480896 Page 2
Pa	rt II-A Complete if the org	ganizatioı	n is exer	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).						
A (Check if the filing organiza	ation belong:	s to an affil	iated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess	lobbying e	expenditures).			
B (Check if the filing organiza	ation checke	d box A an	d "limited control" pro	visions apply.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence publi	c opinion (g	grassroots lobbying)			
b	Total lobbying expenditures to infl	uence a legi	slative bod	ly (direct lobbying)		30,300.	
С	Total lobbying expenditures (add I	lines 1a and	1b)			30,300.	
d	Other exempt purpose expenditur	es				5,846,500.	
е	Total exempt purpose expenditure	es (add lines	1c and 1d)		5,876,800.	
f	Lobbying nontaxable amount. Ent	er the amou	nt from the	following table in bot	h columns.	443,840.	
	If the amount on line 1e, column (a) o	or (b) is:	The lobb	oying nontaxable am	ount is:		
	not over \$500,000,		20% of t	the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000,	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	500,000,	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	,000,000,	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,0	000.			
g	Grassroots nontaxable amount (er	nter 25% of	line 1f)			110,960.	
h	Subtract line 1g from line 1a. If zer	ro or less, er	nter -0			0.	
	Subtract line 1f from line 1c. If zero	,				0.	
j	If there is an amount other than ze	ero on either	line 1h or l	ine 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				L	Yes No
	(Some organizations t	hat made a See	section 50 the separa	ate instructions for lin	have to complete all nes 2a through 2f.)	of the five columns b	elow.
		Lobby	ing Expen	ditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 20	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	337	,394.	382,819.	463,165.	443,840.	1,627,218.
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						2,440,827.
С	Total lobbying expenditures	30	,000.	30,300.	30,000.	30,300.	120,600.

95,705.

Schedule C (Form 990) 2023

406,805.

610,208.

110,960.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

115,791.

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	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	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)?				
4	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?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to not be 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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	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?		1		
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	ne prior year	? 3		
_	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	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year				
b	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 argentization agree to correct the respective of pended untible labbling and				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and payaged transport year?		4		
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		3		
	ide 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.	Δ lines 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	, 1100), 1 410 11	, iii 100 T	2110 2 (000	

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

Employer identification number

Name of the organization

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		IS Or Accounts. Complete if the
	organization discrete to the control of the control	(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		rised funds
	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		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С			
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register	- · · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	-	- f
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

Sche	dule D (Form 990) 2023 CHARCOT-	-MARIE-TOOTH	I ASSOCIA	TION		2	22-24	80896	5 Р	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or O	ther S					
3	Using the organization's acquisition, accessic collection items (check all that apply).	n, and other records, o	check any of the	following that mal	ke sign	ificant	use of its			
а	Public exhibition	d l	Loan or exc	change program						
b	Scholarly research	e l	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain h	ow they further t	the organization's	exemp	t purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or		*	•				7	_	7
D	to be sold to raise funds rather than to be ma							⊻ Yes		<u></u> No
	reported an amount on Form 990, Part	X, line 21.					Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodia on Form 990, Part X?							Yes		No
р	If "Yes," explain the arrangement in Part XIII a	ind complete the follow	ving table:					Amount		
						_		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
f	Ending balance					1f		1.,	_	┪
	Did the organization include an amount on Fo		•		•			Yes		⊣ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if t					Throny	aara baali	I-) Four	110050	haalı
		(a) Current year	(b) Prior year	(c) Two years bac	K (a)	Tillee y	ears back	(e) Four	years	Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (l	ine 1g, column (a)) held as:						
а	Board designated or quasi-endowment	%	6							
b	Permanent endowment	%								
С	Term endowment9	6								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organization	on that are held a	and administered f	or the					
	organization by:							Γ	Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as required	on Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		art IV, line 11a.	See Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or othe basis (investmen	` '	-	Accu	mulate	d	(d) Book	valu	e
1a	Land	· ·								
	Buildings									,

Schedule D (Form 990) 2023

e Other

c Leasehold improvements
d Equipment

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

Schedule D (Form 990) 2023 CHARCOT-MAE	RIE-TOOTH ASSO	CIATION	22-2480896 Page
Part VII Investments - Other Securities			9-
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
·······································	(b) Book value	(c) Wethod of Valdation. Cost of	end-or-year market value
(1)	1		
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	, I		
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	ol. (B))		
Part X Other Liabilities		44 446 E 000 B 1 V I	0.5
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
IDI			1

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

Schedule D (Form 990) 2023

(7) (8)

Schedule D (Form 990) 2023 CHARCOT-MARIE-TOOTH	ASSOCIATION		22-	2480896 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financia		h Revenue per R	eturr	1
Complete if the organization answered "Yes" on Form 990, Part				6,083,894
Total revenue, gains, and other support per audited financial statemen	ts		1	0,005,094
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	235,453.		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities		233,433.		
d Other (Describe in Part XIII.)				
	·		2e	235,453
e Add lines 2a through 2d 3 Subtract line 2e from line 1			3	5,848,441
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,010,111
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		-86,933.		
c Add lines 4a and 4b		•	4c	-86,933
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	5,761,508
Part XII Reconciliation of Expenses per Audited Financia			_	
Complete if the organization answered "Yes" on Form 990, Part				
Total expenses and losses per audited financial statements			1	6,378,899
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		86,933.		
e Add lines 2a through 2d	-	<u> </u>	2e	86,933
3 Subtract line 2e from line 1			3	6,291,966
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	-		4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	6,291,966
Part XIII Supplemental Information				, , , , , , , , , , , , , , , , , , , ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove			4; Part	X, line 2; Part XI,
PART X, LINE 2:				
ACCOUNTING STANDARDS REQUIRE ENTITIES	TO EVALUATE	, MEASURE,	REC	OGNIZE AND
DISCLOSE ANY UNCERTAIN INCOME TAX POSI	TIONS TAKEN	ON THEIR T	AX I	RETURNS.
ACCOUNTING STANDARDS PRESCRIBE A MINIM	UM THRESHOL	D THAT A TA	X P	OSITION IS
REQUIRED TO MEET IN ORDER TO BE RECOGN	IZED IN THE	FINANCIAL	STA'	TEMENTS.
THE ORGANIZATION BELIEVES THAT IT HAD	NO UNCERTAI	N TAX POSIT	ION	s.
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES				-86,933

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

86,933.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	CHARCOT-MARIE-TOOTH ASSOCIATION	22-2480896 Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	ormation (continued)	
<u> </u>		
-		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047 **2023**Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

CH.	ARCC	T-MARIE-TOOTH ASSOCIATION	22-2480896
Pa	rt I	General Information on Activities Outside the United States. Complete if the organ	nization answered "Yes" on
		Form 990, Part IV, line 14b.	
1	For g	rantmakers. Does the organization maintain records to substantiate the amount of its grants and other	
	the g	rantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or ass	istance? X Yes No
	_		
2	Fora	rrantmakers . Describe in Part V the organization's procedures for monitoring the use of its grants and o	ther assistance outside the

United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 0 GRANT MAKING RESEARCH GRANTS 111,094. NORTH AMERICA 0 GRANT MAKING RESEARCH GRANTS 33,470. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0. 0 FUNDRAISING NORTH AMERICA -CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 FUNDRAISING 0. 3 a Subtotal 144,564. **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 144,564.

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

Schedule F (Form 990) 2023

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)	CMT RESEARCH	49,444.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CMT RESEARCH	25,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CMT RESEARCH	16,650.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CMT RESEARCH	20,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	CMT RESEARCH	33,470.	WIRE TRANSFER	0.		

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

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

_____5

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

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Dark V	1 (1 01111 000) 202										
Part V	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:											
СМТА	REQUIRES	BY C	ONTRACT	PERIOD	PROGRESS	REPORTS	ON THE I	FUNDED	RESEARCH.		
ITS C	ONTRACTS	ALSO	INCLUD	E A FUL	L RESEARC	H PLAN W	ITH BUDGE	ETS AND)		
DELIV	ERABLES.										

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	-MARIE-TOUTH ASSUC				22-2460						
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not					
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply							
a Mail solicitations				overnment grants							
b Internet and email solicitations f Solicitation of government grants											
c Phone solicitations g Special fundraising events											
d In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or											
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
b If "Yes," list the 10 highest paid indi											
compensated at least \$5,000 by the			3								
	1			1	<u> </u>	Ι					
(i) Name and address of individual		(iii)	Did raiser ustody itrol of utions?	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid					
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	to (or retained by) fundraiser	to (or retained by)					
, (contrib	utions?		listed in col. (i)	organization					
		Yes	No								
Total											
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	I s or has been notifie	l d it is exempt from re	L egistration					
or licensing.	or is registered or ilectised to solicit	COITCIL	Julioni	3 of Has been fround	a it is exempt from it	cgistration					
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-	EZ.		Schedule	G (Form 990) 2023					

LHA 332081 09-13-23 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, III les Tarid 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 KENTUCKY	(c) Other events	(d) Total events
				DERBY PARTY	2	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	124,884.	65,303.	52,043.	242,230.
_	2	Less: Contributions	70,961.	32,293.	52,043.	155,297.
	3	Gross income (line 1 minus line 2)	53,923.	33,010.		86,933.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses		33,010.		86,933.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			86,933.
D -		Net income summary. Subtract line 10 from li				0.
Pa	rt I	III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve!						
Ь	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023	CHARCOI-MARI	E-1001H A	SOCIATION	22-2	4400090	Page 3
11 Does the organization conduct	gaming activities with nonn	nembers?			Yes	☐ No
12 Is the organization a grantor, be						
to administer charitable gaming					Yes	☐ No
13 Indicate the percentage of gam						
					13a	0.4
a The organization's facility					-	<u>%</u>
b An outside facility					13b	<u>%</u>
14 Enter the name and address of	the person who prepares the	ne organization's ga	ming/special events I	books and records:		
Name						
Address						
15a Does the organization have a co	ontract with a third party fro	m whom the organi	zation receives gamir	na revenue?	Yes	☐ No
13a Does the organization have a co	ontract with a tillio party inc	in whom the organi	zation receives garriir	ig revenue:	103	
			•			
b If "Yes," enter the amount of ga			\$	and the amount		
of gaming revenue retained by						
c If "Yes," enter name and address	ss of the third party:					
Name						
Address						
40.						
16 Gaming manager information:						
Name						
Gaming manager compensation	n \$	_				
Description of services provide	d					
Director/officer	Employee	∟ Independe	nt contractor			
17 Mandatory distributions:						
a Is the organization required und	ler state law to make charita	able distributions fro	om the gaming procee	eds to		
retain the state gaming license?	?				└── Yes	└── No
b Enter the amount of distribution		to be distributed to	other exempt organiz	ations or spent in the		
organization's own exempt acti		\$	1 3	•		
	Drmation. Provide the exp		hy Part I line 2h colu	imns (iii) and (v): and Pa	art III lines 0	9h 10h
	as applicable. Also provide				art III, III 100 0,	05, 105,
130, 130, 10, and 175,	as applicable. Also provide	arry additional infor	mation. See instruction	ліъ.		

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

CHARCOT-M	AKIE-TOO.	TH ASSOCIATI	LON				22-2400090
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	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							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRAINXELL							
455 SCIENCE DRIVE							
MADISON, WI 53711			31,900.	0.			CMT RESEARCH
CHARLES RIVER LABORATORIES							
251 BALLARDVALE ST							
WILMINGTON, MA 01887	06-1397316		98,480.	0.			CMT RESEARCH
CLEVELAND CLINIC/LERNER RESEARCH							
INST - PO BOX 931652 - CLEVELAND,							
OH 44193	91-2153073	501(C)(3)	49,902.	0.			CMT RESEARCH
THILLIA							
ENVIGO 3565 PAYSPHERE CIRCLE							
	84-1753840		35 070	0.			CMT RESEARCH
CHICAGO, IL 60674	84-1753840		35,079.	0.			CMT RESEARCH
JACKSON LABORATORY							
600 MAIN STREET							
BAR HARBOR, ME 04609	10-2115130	501(C)(3)	81,228.	0.			CMT RESEARCH
	13 2113130	551(5)(5)	01,220.	•			
NEW YORK STEM CELL FOUNDATION							
INC 619 W 54TH STREET - NEW							
YORK, NY 10019	20-2905531	501(C)(3)	35,675.	0.			CMT RESEARCH
2 Enter total number of section 501(c)(3) a	l .				l	I	<u> </u>
3 Enter total number of other organization							
- Enter total number of other organization		1 table					•

22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION 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 (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210 31-6025986 501(C)(3) 64,009 0 CMT RESEARCH PSYCHOGENICS INC 257 PARK AVE S 7TH FL NEW YORK, NY 10010 94-2963168 1,371,077 0 CMT RESEARCH RESEARCH FOUNDATION FOR STATE UNIV OF NY - PO BOX 9 - ALBANY, NY 12201 14-1368361 501(C)(3) 51,193 0 CMT RESEARCH UCSE PO BOX 748872 LOS ANGELAS, CA 90074 94-6036493 501(C)(3) 126,853 0 CMT RESEARCH UNIV OF IOWA-CARVER 200 HAWKINS DR 2007 RCF CMT RESEARCH IOWA CITY, IA 52242 42-6004813 0 501(C)(3) 643,418 UNIV OF MIAMI PO BOX 405803 ATLANTA, GA 30384 59-0624458 501(C)(3) 125,004 CMT RESEARCH 0 UNIV OF WISCONSIN-MADISON 21 N PARK ST STE 6401 CMT RESEARCH MADISON, WI 53715 39-6006492 501(C)(3) 13 684 0 UT SOUTHWESTERN MEDICAL CENTER PO BOX 841765 DALLAS, TX 75284 75-6002868 501(C)(3) 41,250 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
PATIENT SUPPORT FUND	7	26,000.	0.		
HONORARIUMS	12	16,500.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
CMTA REQUIRES BY CONTRACT PERIOD	PROGRESS	REPORTS ON	THE FUNDE	D RESEARCH.	
IT'S CONTRACTS ALSO INCLUDE A FUL	L RESEARC	H PLAN WIT	H BUDGETS	AND	
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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

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

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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 V	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEANA SWEENEY (i)	122,500.	90,000.	0.	6,400.	862.	219,762.	0.
CHIEF ENGAGEMENT AND GIFT OFFICER (iii	0.	0.	0.	0.	0.	0.	0.
(2) AMY GRAY (i		0.	0.	1,307.	1,039.		0.
CHIEF EXECUTIVE OFFICER (TIL 03/2023 (iii	0.	0.	0.	0.	0.	0.	0.
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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.
PART I, LINE 4A:
SCHEDULE J, PART I, LINE 4A:
AMY GRAY (CHIEF EXECUTIVE OFFICER UNTIL MARCH 2023) RECEIVE SEVERANCE PAY
IN 2023 TOTALING \$105,769.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

CHARCOT-MARIE-TOOTH ASSOCIATION

Employer identification number 22-2480896

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of o		•	s
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		145,147	.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	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Otto /							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	a the tax year for a	contributions				
23	for which the organization completed Form 82						0	
	for which the organization completed Form 62	.00, Fait V, I	Donee Acknowledg	gement 29				Na
00-	Design the constitution of the constitution of the least			and the Dark I. Barra & Maria			Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of		•	•				37
	exempt purposes for the entire holding period	?				. 30a		Х
	b If "Yes," describe the arrangement in Part II.							77
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is cl	necked,			
	describe in Part II.							
Earl	Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 900		Schedule	M /Ear	~ 000)	202

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 22-2480896 CHARCOT-MARIE-TOOTH ASSOCIATION 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. CHAIRMAN AND CEO REVIEW AND MONITOR THE CONFLICT OF INTEREST DISCLOSURES.

REFRAIN FROM ANY ACTION THAT MAY AFFECT CMTA'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

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

IF A CONFLICT OF INTEREST IS IDENTIFIED,

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:

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

Schedule O (Form 990) 2023

332211 11-14-23

THE RESPONSIBLE PERSON SHALL

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

Name of the organization **Employer identification number** 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 FINANCIAL STATEMENTS ARE AVAILABLE ON THE CMTA'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 724,624. MANAGEMENT AND GENERAL EXPENSES 137,122. FUNDRAISING EXPENSES 74,412. TOTAL EXPENSES 936,158. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 936,158. FORM 990, PART XII, LINE 1: THE FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING, A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. UNDER THE CASH BASIS, REVENUE IS RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED. THE CASH BASIS HAS BEEN MODIFIED BY THE RECORDING OF INVESTMENTS.