Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2021 calendar year, or tax year beginning and endi	ling		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	RETT SYNDROME RESEARCH TRUST, INC			
	Name change			26-06874	39
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 67 UNDER CLIFF ROAD	m/suite	E Telephone numbe 203-445-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,369,464.
Ļ	Ameno	TROMBOLL, CI OUUII		H(a) Is this a group re	
	Application pending			for subordinates	
_		67 UNDERCLIFF ROAD, TRUMBULL, CT 06611		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or $x = 1000$	527	·	list. See instructions
		e: WWW.RSRT.ORG	- >/	H(c) Group exemptio	
K	Form of		L Year o	of formation: 200/ N	A State of legal domicile; CT
P		Summary Briefly describe the organization's mission or most significant activities: THE ORG	CANT	ZAMTON'C MT	CCTON TC
Se	1	FOCUSED ON THE DEVELOPMENT OF TREATMENTS AN	ND C	INDEC EUD DE	AND CANDDOME.
nan	.	Check this box if the organization discontinued its operations or disposed of			
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			14
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
დ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8
Activities &		Total number of volunteers (estimate if necessary)			0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		7,819,911.	7,981,420.
nue		Program service revenue (Part VIII, line 2g)		6,142,272.	115,073.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,245.	28,318.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,024,428.	8,124,811.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,518,003.	3,172,189.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,302,198.	1,100,877.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾	_ b	Total fundraising expenses (Part IX, column (D), line 25) 448,564		246 F10	166 055
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		246,519. 3,066,720.	466,055. 4,739,121.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,957,708.	
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		11,977,275.	13,582,017.
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	···	7,468,492.	5,687,545.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,508,783.	7,894,472.
P	art II	Signature Block		, ,	,
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	MONICA COENRAADS, CHIEF EXECUTIVE OFFICE Type or print name and title	ER		
		Print/Type preparer's name Preparer's signature	D		X PTIN
Pai	d	JOHN M. ROLLERI, CPA		if self-employ	P00182555
Pre	parer	Firm's name KNIGHT ROLLERI SHEPPARD CPAS LLP		Firm's EIN	06-1156122
Use	Only	Firm's address 2150 POST ROAD, 5TH FL			
		FAIRFIELD, CT 06824		Phone no. (2	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2021) RETT SYNDROME RESEARCH TRUST, INC	26-0687439	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE ORGANIZATION'S MISSION IS FOCUSED ON THE DEVELOPMENT		NTS
	AND CURES FOR RETT SYNDROME AND RELATED MECP2 DISORDERS	•	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,164,248 • including grants of \$ 3,172,189 •) (Revenue		903.)
	THE ORGANIZATION PROVIDES FUNDING TO LEADING RESEARCH IN	NSTITUTIONS .	AND
	COMPANIES WORKING ON RETT SYNDROME AND RELATED MECP2 DIS	SORDERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
	THE ORGANIZATION SPONSORS SCIENTIFIC WORKSHOPS THAT BRIN	NG THE LEADI	NG
	RETT RESEARCHERS TOGETHER WITH ELITE SCIENTISTS IN SYNER	RGISTIC FIEL	DS
	TO EXCHANGE DATA AND SET RESEARCH DIRECTION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,164,248.		
	· · ·	Form 9	90 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		<u> </u>
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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Dod 1//	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	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	140		
13	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L

Form 990 (2021) RETT SYNDROME RESE Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, cournel of the "Ves," complete Schedule Part I and III 24 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, brustees, key employees, and highest compensated employees? If "Yes," complete Schedule K, II" No., "to the year, that was issued after December 31, 2002" II" "Yes," answer lines 24b through 24d and complete Schedule K, II" No., "to to line 25a		entertained or required contained portained			
Part IX. Column (A), line 2? If "res," complete Schedule I, Parts I and III 22	00	Did the appropriation was at the off 000 of small and the original and the		Yes	No
23 Did the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002" if "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding secrow at any time during the year? d Did the organization and a sa or 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 50(15), 50(16)(4), and 50(16)(20) organizations. Did the organization spend in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organizations prior Forms 950 or 990 E2? If "Yes," complete Schedule L, Part II 25b Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any oursent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or adjoint or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28 A Current or	22				v
and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is all day of 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 24b and complete Schedule K, If "No," go to line 25e. 24a D Line the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b D Line organization invest any account other than a rehanding escrow at any time during the year to defease any tax-exempt bonds? 24c D Line organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501c(3), 301c(4)d, and 501c(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I 25b X 25b D Line organization avaire that the gaged in an excess benefit framsaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 90 or 990-E27 If "Yes," complete Schedule L, Part I 25b D Lid 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 friculating an employee threeof or framly member of any of these persons? If "Yes," complete Schedule L, Part IV 27c D Lid the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28d Was the organization sparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable limiting thresholds, conditions, and exceptions): 27d Did the organization receive or or more indiv	00		22		^
Schedule /	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?" 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I 25b 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 any of these persons? If "Yes," complete Schedule L, Part II 27b Did the organization provide agrant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV, "Res," complete Schedule L, Part IV, "Res," complete Schedule L, Part IV, "Res," complete Schedule II, Part IV, "Res," complete Schedule			00	l x	
shedule K if "No," go to the sear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to the eganization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	24.5	Did the erganization have a tay exempt hand issue with an outstanding principal amount of more than \$100,000 as of the	23		
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a 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 I., Part I	h		\vdash		
any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Saction 501(x)3, 501(x)4), and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with an disqualified person in a prior year, and that the transaction with an excess benefit transaction with an disqualified person in a prior year, and that the transaction with one are excess benefit transaction with one or proof or 990-E27 If "Yes," complete Schedule L, Part II and the properties of 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) or family member of any of these persons? If "Yes," complete Schedule L, Part II, and an excess the prior of the following parties (see the Schedule L, Part II). b A family member of any individual described in line 28a "If "Yes," complete Schedule L, Part II and a complex schedule sc					
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year" 24d 25a Section Soft(QA), 501(QA), and 501(QA) 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 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 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, 28b X 29 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV, 28b X 30 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization inquidate, terminate, or dissolves and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization inquidate, terminate, or dissolves and cease operations? If "Yes," complete Schedule N, Part I III 31 X 33	·		240		
25a 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 I, Part I 25b X	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	\vdash		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 25b 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 for 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 fincluding an employee thereof or any of these persons? If "Yes," complete Schedule L, Part III 27 X X X X X X X X X	b				
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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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	5		35h		
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_ _		36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			37		X
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			38	X	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
(gambling) winnings to prize winners?	С				
		(gambling) winnings to prize winners?	1c		

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 8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
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		X			
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						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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			37			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	_					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
۵	9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand			v			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? 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	15		Х			
excess parachute payment(s) during the year?							
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?							
10	If "Yes," complete Form 4720, Schedule O.	16		X			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	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	40		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA, CT, IL, MA, MD, NJ, NY, PA	0.0-51:	\ 0.:=!!	- lala
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)	s only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10		d fine:	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiidi	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MONICA COENRAADS - 203-445-0041			
	67 UNDER CLIFF ROAD, TRUMBULL, CT 06611			

Form **990** (2021)

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, 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per	(do	not c	Pos heck	more) than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	vidual	nstitutional trustee	er	Key employee	Highest compensated employee	ner	·		organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) MONICA COENRAADS	50.00	١						000 000	•	•
CHIEF EXECUTIVE OFFICER	1 2 00	Х		Х				220,000.	0.	0.
(2) ADRIAN BIRD	2.00	٠,,							0.	0
TRUSTEE	2.00	Х						0.	0.	0.
(3) ALBA TULL	2.00	٠,							0	^
TRUSTEE	2.00	Х						0.	0.	0.
(4) BRAD ZELINGER TRUSTEE	2.00	X						0.	0.	0.
(5) BRIAN WHITMER	2.00	^						0.	0.	<u> </u>
TRUSTEE	2.00	X						0.	0.	0.
(6) HEIDI EPSTEIN	2.00	12						0.	0.	
VICE CHAIRMAN	2.00	X		x				0.	0.	0.
(7) INGRID HARDING	2.00							0.		
CO-FOUNDER AND TRUSTEE		x						0.	0.	0.
(8) LAWRENCE MATTIS	2.00							-		
SECRETARY		x		х				0.	0.	0.
(9) MARC TESLER	2.00									
TRUSTEE		X						0.	0.	0.
(10) MARCI VALNER	2.00									
TREASURER		X		Х				0.	0.	0.
(11) RACHAEL STEVENSON	2.00									
TRUSTEE		X						0.	0.	0.
(12) RACHEL ROTHSCHILD	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(13) STEPHANIE BOHN	2.00								_	_
TRUSTEE		Х						0.	0.	0.
		_	<u> </u>							
		4								
		_	_	_		_	-			
		-								
		_	-							
		1								
		<u> </u>								

Form **990** (2021)

Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus					one th an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate nount o 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)	organization (W-2/1099-MIS 1099-NEC)	IISC/ from t		om the anizati d relate	e ion ed
		,	=	=	Ó	32	Ξ 19	Œ						
			<u> </u>											
			_											
			<u> </u> 											
			_											
	Subtotal Total from continuation sheets to Part VI								220,000.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	220,000 • received more than \$100	0,000 of reportab	0 .			0.
	compensation from the organization							la : a		Navaa an	1		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue comper	," co nsat	<i>mpl</i> etion t	ete S from	S <i>che</i> any	e <i>dul</i> y uni	e J f	for such individual			4	Х	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	for s	uch	pers	son				<u></u>	5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation f	rom	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	C	(C Comper		1
	Total number of independent contractors (i \$100,000 of compensation from the organi	-	iot li	mite	d to		se li 0	stec	d above) who received n	nore than				

Pa	rt V	<u> 111</u>	Statement of Revenue					-
			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	All other contributions, gifts, grants, and	155,395. 826,025.				
a C		h	Total. Add lines 1a-1f		7,981,420.			
		b	LICENSING BIOREPOSITORY	Business Code 900099 900099	78,903. 36,170.	78,903. 36,170.		
Program Service Revenue		c d e f	All other program service revenue					
			Total. Add lines 2a-2f		115,073.			
	3		Investment income (including dividends, intere other similar amounts)	st, and	29,868.	29,868.		
	5 6		Royalties (i) Real Gross rents 6a	(ii) Personal				
		С	Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)					
	7	а	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 7a 243,103.	(ii) Other				
Revenue			and sales expenses Gain or (loss) Net gain or (loss) 7b 244,653. 7c -1,550.	>	-1,550.	-1,550.		
Other		а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
			Less: direct expenses 8b					
	9	а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	>				
		С	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns	>				
		b	and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory					
sn			,	Business Code				
Miscellaneous Revenue	11							
ella		b c						
lisc			All other revenue					
2			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions	<u> </u>	8,124,811.	143,391.	0.	0.

Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a re Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1 Grants and other assistance to domestic organiza and domestic governments. See Part IV, line 21	tions 3,172,189.	3,172,189.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and for individuals. See Part IV, lines 15 and 16	- 1			
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	d			
persons described in section 4958(c)(3)(B)	224			
7 Other salaries and wages	991,287.	702,222.	76,009.	213,056
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	44 00 6	31,875.	3,450.	9,671
9 Other employee benefits		45,758.	4,953.	13,883
10 Payroll taxes	04,334.	45,750.	4,900.	13,003
11 Fees for services (nonemployees):				
a Management				
b Legalc Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, lin				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2				
column (A), amount, list line 11g expenses on Sc	40000	132,818.	24,707.	31,769
12 Advertising and promotion				
13 Office expenses	10 500	2,567.	9,246.	779
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expens	ses			
for any federal, state, or local public officials	***			
19 Conferences, conventions, and meetings				
20 Interest				
Payments to affiliates				
22 Depreciation, depletion, and amortization	5 91/	1,972.	1,971.	1,971
23 Insurance 24 Other expenses. Itemize expenses not covered	J,J11.	1,572.	1,3/10	1,511
above. (List miscellaneous expenses on line 24e. line 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule 0.)				
a FUNDRAISING	163,636.			163,636
b MISCELLANEOUS	74,440.	58,968.	4,125.	11,347
c SCIENTIFIC MEETINGS AN		4,494.		
d POSTAGE AND SHIPPING	3,805.	2,695.	292.	818
e All other expenses	11,880.	8,690.	1,556.	1,634
25 Total functional expenses. Add lines 1 through 2	4,739,121.	4,164,248.	126,309.	448,564
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combine				
educational campaign and fundraising solicitation				
Check here if following SOP 98-2 (ASC 958-72	20)			Form 990 (202

	1 990 (2 rt X	Balance Sheet	ESEARCH I	KUDI, I	INC	<u> </u>	000/439 Page 11
. u		Check if Schedule O contains a response or note t	to any line in this !	Part X			
		cheat in conseque of contains a response of note in	to dry into in this i		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,864,917.	1	11,909,266.
	2	Savings and temporary cash investments				2	, ,
	3	Pledges and grants receivable, net		2,112,358.	3	1,671,693.	
	4	Accounts receivable, net			, , , , , , , , , , , , , , , , , , ,	4	, ,
	5	Loans and other receivables from any current or fo					
	-	trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifier					
		under section 4958(f)(1)), and persons described in			6		
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	1	Land, buildings, and equipment: cost or other		····			
		basis. Complete Part VI of Schedule D	10a	6,440.			
	ь	Less: accumulated depreciation	10b	6,440.	0.	10c	0.
	11	Investments - publicly traded securities				11	1,058.
	12	Investments - other securities. See Part IV, line 11			12	, ,	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal I			11,977,275.	16	13,582,017.
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , ,		13,007.	17	11,499.
	18	Grants payable	7,455,485.	18	5,676,046.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
S	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar	ntial contributor, o	r 35%			
ap		controlled entity or family member of any of these	persons			22	
_	23	Secured mortgages and notes payable to unrelate	d third parties			23	
	24	Unsecured notes and loans payable to unrelated t	hird parties			24	
	25	Other liabilities (including federal income tax, paya	bles to related thi	rd			
		parties, and other liabilities not included on lines 1	7-24). Complete P	art X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			7,468,492.	26	5,687,545.
S		Organizations that follow FASB ASC 958, check	k here ▶ X				
Š		and complete lines 27, 28, 32, and 33.		- 1			
alar	27	Net assets without donor restrictions			4,508,783.	27	7,894,472.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 958	, check here 🕨				
F		and complete lines 29 through 33.		- 1			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equi	pment fund	L		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco		_		31	
Ne	32	Total net assets or fund balances			4,508,783.	32	7,894,472.
	33	Total liabilities and net assets/fund balances			11,977,275.	33	13,582,017.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 0	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	8,12 4,73 3,38 4,50	4,8 9,1 5,6	21. 90.		
8 9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,89	4,4			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		Yes	No X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	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 Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		. 2b				
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X		
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature of CMR Circular A-1332	-	3a		х		
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		· Ja				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,			990 (2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization RETT SYNDROME RESEARCH TRUST, INC 26-0687439 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	- motou motou, prod		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()	. ,	,	,	()	
	membership fees received. (Do not						
	include any "unusual grants.")	12518139.	9631117.	8340103.	7664611.	7837691.	45991661.
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	12518139.	9631117.	8340103.	7664611.	7837691.	45991661.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						45991661.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	12518139.	9631117.	8340103.	7664611.	7837691.	45991661.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11 500	00 450	26 442	60 200	00 000	160 000
	and income from similar sources	11,583.	23,178.	36,443.	62,327.	29,868.	163,399.
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.)						46155060
11							46155060.
12	Gross receipts from related activities					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section t	oU1(c)(3)	_
500	organization, check this box and sto		rcentage				<u></u>
	Public support percentage for 2021 (column (f\)		14	99.65 %
	Public support percentage from 2020					15	99.69 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac-	-					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	-		
-	more, and if the organization meets t	-					
	organization meets the facts-and-circ				-		▶ □
18	Private foundation. If the organization		-				ıs

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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 activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						_
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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		
За		
Sa		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
•		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
.55		

Par	rt IV Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
Sec	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	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 superganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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			
Sac	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	twations\		
1		tructions).		
a b				
c		ntity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	inty (See mistractio	Yes	No
a			103	140
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations						
1	——————————————————————————————————————								
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior Year (optional)								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990) 2021

10

10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

RETT SYNDROME RESEARCH TRUST, INC

Employer identification number 26-0687439

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(a) i and and only accounts
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	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
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures,	or Other	Similar As	sets (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, checl	any of the	following th	at make sig	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progi	ram			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	tion's exem	pt purpose in I	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical trea	asures, or oth	ner similar a	ıssets		
	to be sold to raise funds rather than to be ma	aintained as part of the	he orgai	nization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	ns or other a	ssets not ir	ıcluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					-			
Pai									
	22	(a) Current year		rior year) Three years ba	ick (e) Four	years back
1a	Beginning of year balance	, ,			,,,,	,		<u> </u>	<u> </u>
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance		/l: -1		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administ	ered for the	organization	F,	- N
	by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization) 			3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	1				1			
	Description of property	(a) Cost or ot			t or other		umulated	(d) Book	value
		basis (investm	nent)	basis	(other)	depr	eciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	6,4	440.				6,440.		0.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line	10c.)		<u> </u>		0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 RETT SYNDRO	OME RESEARCH T	RIIST INC 26	5-0687439 _{Page}
Part VII Investments - Other Securities.			Page
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 29	5.
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2021

(7) (8)

Part X	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per F	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1 To	tal revenue, gains, and other support per audited financial statements			1	8,132,811.
2 An	nounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Ne	t unrealized gains (losses) on investments	2a			
b Do	nated services and use of facilities	2b	8,000.		
c Re	coveries of prior year grants	2c			
d Ot	her (Describe in Part XIII.)	2d			
e Ad	d lines 2a through 2d			2e	8,000.
3 Su	btract line 2e from line 1			3	8,124,811.
4 An	nounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Inv	restment expenses not included on Form 990, Part VIII, line 7b	4a			
b Ot	her (Describe in Part XIII.)	4b			_
c Ad	d lines 4a and 4b			4c	0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,124,811.
Part X	III Reconciliation of Expenses per Audited Financial St	atements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1 To	tal expenses and losses per audited financial statements			1	4,747,122.
2 An	nounts included on line 1 but not on Form 990, Part IX, line 25:				
a Do	nated services and use of facilities	2a	8,000.		
b Pri	or year adjustments	2b			
c Ot	ner losses	2c			
d Ot	her (Describe in Part XIII.)	2d			
e Ad	d lines 2a through 2d			2e	8,000.
3 Su	btract line 2e from line 1			3	4,739,122.
4 An	nounts included on Form 990, Part IX, line 25, but not on line 1:				
a Inv	restment expenses not included on Form 990, Part VIII, line 7b	4a			
b Ot	her (Describe in Part XIII.)	4b			_
c Ad	d lines 4a and 4b			4c	0.
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	4,739,122.
Part X	III Supplemental Information.				
Provide 1	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	4; Part IV, lines 1b a	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional inform	ation.		
PART	X, LINE 2:				
			10 DV MIID	T.1001	
THE	ORGANIZATION HAS BEEN GRANTED TAX-EX	EMPT STATE	JS BY THE	TM.I.I	EKNAL
D 157 7 151	THE CERTICE INDER THEERNAL REVENUE CO	DE GEGETO	T F01/G\/3		
KEVE	NUE SERVICE UNDER INTERNAL REVENUE CO	DE SECTION	N 501(C)(3	•) •	
7 000	DINGLY NO DESTRETAL OF	CMAME TATO	ME ENTE	TT 2 CT	DEEM
ACCO	RDINGLY, NO PROVISION FOR FEDERAL OR	STATE INCO	JME TAXES	пАБ	BEEN
חהמטו	ODED IN MILE ACCOMPANYING EINANGIAL CO	л прмрып <i>с</i>	MANIA CEMEN	ım 🔿	- mir
RECO	RDED IN THE ACCOMPANYING FINANCIAL ST	ATEMENTS.	MANAGEMEN	IT OI	r Inc
ODCAI	NIZATION DOES NOT BELIEVE IT HAS ANY	TIMOPDMA TNI	MAY DOCT	TON	c mur
OKGA	NIZATION DOES NOT BELIEVE IT HAS ANT	UNCERTAIN	IAN POSII	TON	5. IUF
ORCZI	NIZATION'S TAX RETURNS REMAIN OPEN TO	ЕХАМТИАФ:	ION BY REG	יב.דוד	TORY
OIGA	TIMITON O TAX RETORNO REMAIN OPEN TO	EVVETTIVAT.	TOM DI KEG	оца.	101(1
AUTH	ORITIES FROM DECEMBER 31, 2019				

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	RETT	SYNDROME	RESEARCH	TRUST,	INC	26-0687439 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)				
-						
						

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization					Employer identi	fication number
RETT SYNDROME	RESEARCH	TRUST, I	NC		26-06874	39
			tside the United States. Comple	te if the organ		
Form 990, Part						
=	-		ds to substantiate the amount of its gra			1 (77)
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or ass	istance? L	Yes X No
0 F	dis - dis Dest VAIs		and the second s			
2 For grantmakers. De United States.	scribe in Part V th	e organization's	procedures for monitoring the use of its	s grants and o	tner assistance ou	tside the
	(The following Par	t I line 3 table c	an be duplicated if additional space is r	needed)		
(a) Region	` 	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
., .	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent contractors	gram services, investments, grants to		specific type	for and investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING						
CELAND & GREENLAND)						
ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS			
AUSTRIA, BELGIUM			LOCATED IN THE REGION			364,789.
	+					
3 a Subtotal	. ((364,789.
b Total from continuatio	n					
sheets to Part I		C				0.
c Totals (add lines 3a						
and 3h)	l (ıl (364 789

132071 12-20-21

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

Schedule F (Form 990) 2021

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)
		UNITED KINGDOM	MECP2 REACTIVATION	85,000.	WIRE TRANSFER	0.		
			GENE THERAPY					
		UNITED KINGDOM	CONSORTIUM	145,075.	WIRE TRANSFER	0.		
		UNITED KINGDOM		134,714.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	l ns listed above that are	I recognized as charities by the	foreian country	I recognized as a tax			

3 Enter total number of other organizations or entities

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2021

| ZU

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization RETT SYNDROME RESEARCH TRUST, INC 26-0687439

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

Part I General Information on Gr 1 Does the organization maintain red							
Does the organization maintain rec							
	cords to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants of	or assistance?						X Yes No
2 Describe in Part IV the organizatio	n's procedures for monito	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistan					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more	than \$5,000. Part II can	be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organiza or government	ation (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
BAYLOR COLLEGE OF MEDICINE							
C/O RETT SYNDROME							
TRUMBULL, CT 06611			189,576.	0.			MECP2 CONSORTIUM
BEAM THERAPEUTICS 26 LANDSDOWNE CAMBRIDGE, MA 02139	81-5238376		639,300.	0.			DNA EDITING
CALIFORNIA INSTITUTE OF TECHNOLOGIES - 1200 E CALIFORN BLVD - PASADENA, CA 91125	95-1643307		53,898.	0.			MEPC2 REGULATION
CIITIZEN CORPORATION 3000 EL CAMINO REAL PALO ALTO, CA 94306			178,000.	0.			DIGITAL NATIONAL REGISTRY
CLINICAL TRIAL CONSORTIUM C/O RETT SYNDROME TRUMBULL, CT 06611			106,202.	0.			CLINICAL TRIAL CONSORTIUM
CORIELL INSTITUTE FOR MEDICAL RESEARCH - 403 HADDON AVENUE - CAMDEN, NJ 08103			150,836.	0.			BIO REPOSITORY

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

Schedule I (Form 990) 2021

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 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 non-cash assistance	(h) Purpose of grant or assistance		
OSG									
C/O RETT SYNDROME									
TRUMBULL, CT 06611			180,263.	0.			RETT RESEARCH		
INGIDOLL, CI COUIT			100,203.	•			KDII KDDIIKOII		
DUKE UNIVERSITY SCHOOL OF MEDICINE									
C/O RETT SYNDROME									
TRUMBULL, CT 06611			87,519.	0.			RETT RESEARCH		
EMERALD INNOVATIONS									
1 BROADWAY 14TH FLOOR									
CAMBRIDGE, MA 02142			21,444.	0.			OUTCOME MEASURES		
EMORY UNIVERSITY									
C/O RETT SYNDROME									
TRUMBULL, CT 06611			68,935.	0.			RETT RESEARCH		
The water plants									
FRED HUTCHINSON CANCER RESEARCH									
C/O RETT SYNDROME			134,895.	0.			RETT RESEARCH		
TRUMBULL, CT 06611			134,895.	0.			REII RESEARCH		
HARVARD STEM CELL INSTITUTE									
C/O RETT SYNDROME									
TRUMBULL, CT 06611			36,343.	0.			RETT RESEARCH		
,			1						
HOSPITAL FOR SICK CHILDREN									
C/O RETT SYNDROME							GENOME EDITING FOR MECH		
TRUMBULL, CT 06611			190,000.	0.			DUPLICATION SYNDROME		
JACKSON LABORATORIES									
600 MAIN STREET									
BAR HARBOR, ME 04609			106,959.	0.			RETT RESEARCH		
JACKSON LABORATORIES									
600 MAIN STREET			00.005				MOUSE MODELS ALLELIC		
BAR HARBOR, ME 04609			88,296.	0.			SERIES		

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa T	rt II.)	<u> </u>
(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 non-cash assistance	(h) Purpose of grant or assistance
KETAMINE TRIAL							RETT RESEARCH
C/O RETT SYNDROME							
TRUMBULL, CT 06611			53,780.	0.			
MASSACHUSETTS INSTITUTE OF							
TECHNOLOGY - 77 MASSACHUSETTS AVE							
- CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	612,334.	0.			RNA EDITING
OREGON HEALTH AND SCIENCES			<u> </u>				
UNIVERSITY FOUNDATION - 3181 S.W.							
SAM JACKSON PARK - PORTLAND, OR							
97239	23-7083114	501(C)(3)	115,000.	0.			RNA EDITING
RETT SYNDROME CENTER AT MONTEFIORE							
MEDICAL CENTER - 3415 BAINBRIDGE							
AVE - BRONX, NY 10467	13-1740114	501(C)(3)	25,000.	0.			RETT CLINIC
HO DAVIG							
UC DAVIS C/O RETT SYNDROME							
TRUMBULL, CT 06611			131,293.	0.			RETT RESEARCH
TROMBOLL, CI VVVII			131,293.	0.			REII RESEARCH
UNIVERSITY OF CALIFORNIA							
DAVIS/PETER BEAL - 1 SHIELDS							
AVENUE - DAVIS, CA 95616	95-6006144	501(C)(3)	174,200.	0.			RNA EDITING
•			†				
UNIVERSITY OF MASSASHUSSETS							
MEDICAL SCHOOL - 55 N LAKE AVE -							
WORCESTER, MA 01655	54-2084125		218,311.	0.			RETT RESEARCH
							RNA/DNA
UNIVERSITY OF MASSASHUSSETS							EDITING; READTHROUGH
MEDICAL SCHOOL - 55 N LAKE AVE -							THERAPY; MECP2
WORCESTER, MA 01655	54-2084125	501(C)(3)	641,740.	0.			DUPLICATION SYNDROME
UNIVERSITY OF PENNSYLVANIA							
C/O RETT SYNDROME			200 505				
TRUMBULL, CT 06611			380,686.	0.			RETT RESEARCH

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(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
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RETT SYNDROME RESEARCH TRUST, INC Employer identification number 26-0687439

Pa	art I Questions Regarding Compensation			
			Yes	No
1 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parago listed on Form 000 Part VII. Section A. line 1s, with respect to the filling			
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:			
9		4a		х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		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			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS 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) MONICA COENRAADS	(i)	220,000.	0.	0.	0.	0.	220,000.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								

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

SCHEDULE 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.

QUZ I
Open to Public

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

RETT SYNDROME RESEARCH TRUST, INC

Employer identification number 26-0687439

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND RELATED MECP2 DISORDERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION PROVIDES FUNDING TO LEADING RESEARCH INSTITUTIONS WORKING ON RETT SYNDROME AND RELATED MECP2 DISORDERS. RESEARCH IS AIMED 1) RESTORING LEVELS OF MECP2 PROTEIN, 2) IDENTIFYING OBJECTIVE TOOLS TO MEASURE RETT SYMPTOMS 3) ESTABLISH A CLINICAL TRIAL NETWORK 4) IDENTIFY FUNCTION OF MECP2 PROTEIN. THE ORGANIZATION SPONSORS SCIENTIFIC WORKSHOPS THAT BRING THE LEADING RETT RESEARCHERS TOGETHER WITH ELITE SCIENTISTS IN SYNERGISTIC FIELDS TO EXCHANGE DATA AND SET RESEARCH DIRECTION. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - A COPY OF FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY THAT MUST BE SIGNED BY THE TRUSTEES ON AN ANNUAL BASIS.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF DEVELOPMENT

OFFICE IS REVIEWED BY THE BOARD AND COMPARED TO THE COMPENSATION OF

EXECUTIVE DIRECTORS/PRESIDENTS OF ORGANIZATIONS OF SIMILAR SIZE.

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

Schedule O (Form 990) 2021

Sched	ule O (Forn	n 990) 202	21									Page 2
Name	of the orga	nization	RETT	SYNDROM	E RESEAR	CH TRI	UST, 1	INC			Employe 26	er identification number -0687439
FORI	M 990,	PAR	r VI,	SECTION	C, LINE	18:						
THE	ORGAN	IIZAT:	ION'S	GOVERNII	NG DOCUM	ENTS,	POLIC	CIES	AND	FINA	NCIAL	STATEMENTS
ARE	AVAII	ABLE	UPON	REQUEST	AND VIA	THEI	R WEBS	SITE				
FORI	м 990,	PAR	r VI,	SECTION	C, LINE	19:						
THE	ORGAN	IIZAT:	ION'S	GOVERNII	NG DOCUM	ENTS,	POLIC	CIES	AND	FINA	NCIAL	STATEMENTS
ARE	AVAII	ABLE	UPON	REQUEST	AND VIA	THEI	R WEBS	SITE				