Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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2022
Open to Public
Inspection

АГ	OI LITE	e 2022 calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer ident	fication number
	Addre				
	Name chang	Doing business as		26-0687	439
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
	☐Final return/	67 UNDER CLIFF ROAD		203-445	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,315,588.
	Ameno	IROMBOLL, CI 00011		H(a) Is this a group	
	Application	F Name and address of principal officer: MONICA COENTAADS		for subordinat	es? Yes X No
	pendir	67 UNDERCLIFF ROAD, TRUMBULL, CT 0661	1	H(b) Are all subordinates	s included? Yes No
1 1	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	If "No," attach	a list. See instructions	
	Vebsit			H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	M State of legal domicile; CT
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	ORGANI	ZATION'S M	ISSION IS
Activities & Governance		FOCUSED ON THE DEVELOPMENT OF TREATMENTS	AND C	URES FOR R	ETT SYNDROME
ern	2	Check this box if the organization discontinued its operations or dispose	sed of more	I	1
Š	l .				
æ		Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) $$			
Ξ		Total number of volunteers (estimate if necessary)			
Act	l			<u>7</u>	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year	Current Year
ne	l	Contributions and grants (Part VIII, line 1h)		7,981,420	
Revenue	l .	Program service revenue (Part VIII, line 2g)		115,073	
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,318	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 8,124,811	- 1
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,172,189	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,172,109	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		1,100,877	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 592,3		0	
)en	Ioa	Total fundraising eventures (Part IX, column (A), line 11e)	98	<u> </u>	• 0•
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		466,055	731,059.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,739,121	
	l .			3,385,690	
es es	19	Revenue less expenses. Subtract line 18 from line 12	Ве	ginning of Current Yea	
let Assets or und Balances	20	Total assets (Part X, line 16)	F	13,582,017	
Ass Ba	21	Total liabilities (Part X, line 26)		5,687,545	
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		7,894,472	
	art II	Signature Block		, ,	
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	
Sigi	n	Signature of officer		Date	
Her	е	MONICA COENRAADS, CHIEF EXECUTIVE OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid	i	JOHN M. ROLLERI, CPA		if self-emp	
-	parer	Firm's name ROLLERI & SHEPPARD CPAS, LLP		Firm's EIN	06-1156122
Use	Only	Firm's address 2150 POST ROAD, 5TH FL			000) 000 000
		FAIRFIELD, CT 06824		Phone no. (203) 259-2727
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No
		o co. I LIA For Paparwork Paduation Act Nation and the congrete instruction			Earm 990 (2022)

	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 OF T	
	AND CURES FOR RETT SYNDROME AND RELATED MECP2 DISORDERS.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	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
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	•
	revenue, if any, for each program service reported.	•
4a		29,122.
	THE ORGANIZATION PROVIDES FUNDING TO LEADING RESEARCH INSTITUTION COMPANIES WORKING ON RETT SYNDROME AND RELATED MECP2 DISORDER	
4b)
	THE ORGANIZATION SPONSORS SCIENTIFIC WORKSHOPS THAT BRING THE	
	RETT RESEARCHERS TOGETHER WITH ELITE SCIENTISTS IN SYNERGISTI TO EXCHANGE DATA AND SET RESEARCH DIRECTION.	C FIELDS
	10 EXCHANGE BATA AND DET REGERACIT DIRECTION.	
4c	(Code:) (Expenses \$	1
70	(Code) (Expenses #) (nevenue #)	,
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	2 240 056	J
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	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	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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
	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		<u> </u>
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	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α.	-
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 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	20a		
-	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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,	21		<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
00	"Yes," complete Schedule L, Part IV	28c 29	Х	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
00		38	х	
Pai	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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c		
	/O O/ O F.:=			

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 retur	ns?	2b		X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	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 A	ccounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		Х					
С	, , , , , , , , , , , , , , , , , , , ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		v					
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	.							
-	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-	х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76	-25						
С	to file Form 8282?	•	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 f							
g										
h										
8										
sponsoring organization have excess business holdings at any time during the year?										
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?		9b							
10	Section 501(c)(7) organizations. Enter:	ı								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
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:	1								
а	Gross income from members or shareholders	11a								
р	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.415								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD								
	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	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or								
	excess parachute payment(s) during the year?		15		X					
	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	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.		-	000	(0000)					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, CT, IL, MA, MD, NJ, NY, PA			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MONICA COENRAADS - 203-445-0041			
	67 UNDER CLIFF ROAD, TRUMBULL, CT 06611			

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

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

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

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

Check this box if neither the organization r		orga	aniza			npe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		CCI aii		1 0010)/ u us	1	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee Ge	nben		1099-NEC)	1099-1120)	and related
	below	dualt	tiona	_	oldu	st co.		10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			3
(1) MONICA COENRAADS	50.00	 -	_							
CHIEF EXECUTIVE OFFICER		X		Х				220,000.	0.	0.
(2) ADRIAN BIRD	2.00									
TRUSTEE		Х						0.	0.	0.
(3) ALBA TULL	2.00									
TRUSTEE		Х						0.	0.	0.
(4) BRAD ZELINGER	2.00									
TRUSTEE		Х						0.	0.	0.
(5) BRIAN WHITMER	2.00									
TRUSTEE		Х						0.	0.	0.
(6) HEIDI EPSTEIN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(7) INGRID HARDING	2.00									
CO-FOUNDER AND TRUSTEE		Х						0.	0.	0.
(8) LAWRENCE MATTIS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) MARC TESLER	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MARCI VALNER	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) RACHAEL STEVENSON	2.00									
TRUSTEE		Х						0.	0.	0.
(12) RACHEL ROTHSCHILD	2.00								_	
TRUSTEE		Х						0.	0.	0.
(13) STEPHANIE BOHN	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(14) TONY SCHOENER	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
		4								
				l			l			

Form 990 (2022)

Page 8

rar	t VII Section A. Officers, Directors, Trus		ploy	/ees			ıghe	st C						
	(A)	(B)			•	C) itior	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		Position (do not check more than one box, unless person is both an			than		Reportable	Reportable compensation			stimate	
		week					or/trus		compensation from			nount o other	OI .	
		(list any	ctor						the	from related organization			pensa	tion
		hours for	Individual trustee or director	gg.			ated		organization	(W-2/1099-MIS			om the	
		related organizations	ustee	truste		e e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relati	
		below	dual tr	Institutional trustee	_	Key employee	st con	, in	1099-1120)				anizatio	
		line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
											\longrightarrow			
							-							
			1											
			1											
												<u> </u>		
											\longrightarrow			
			1											
			1											
1b	Subtotal								220,000.		0.			0.
	Total from continuation sheets to Part V								220,000.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								<u> </u>	000 of reported				0.
2	compensation from the organization	ioi iiiiiited to ti	1056	: 11516	eu a	DOV	e) wi	101	eceived more man \$100	,000 or reportab	Æ			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	=		-					· · · · · · · · · · · · · · · · · · ·	the organization				
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or	•					,		ted organization or indiv	dual for services		_		v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scheaui	e J i	or s	ucn	per	son .					5		<u> </u>
1	Complete this table for your five highest co	mpensated in	den	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	npens	ation f	from	
-	the organization. Report compensation for	· ·	-											
	(A)								(B)			(C)	
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
								\dashv						
								\dashv						
			,					\perp						
2	Total number of independent contractors (iot li	mıte	a to		se li: 0	stec	a above) wno received n	nore than				
	\$100,000 of compensation from the organi	∠ati∪i l										Form	990 (2	20221
													(2	/

RETT SYNDROME RESEARCH TRUST, INC

Ра	rt V	<u> </u>	Statement of Reve	enue						
			Check if Schedule O con	ntains a resp	onse	or note to any lir				<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
s, G		С	Fundraising events							
ift ar /				1d						
s, C mil			Government grants (contribu	·····						
ion			All other contributions, gifts, grain							
out			similar amounts not included abo		7.	028,813.				
i o i		a	Noncash contributions included in line	··· —		-				
Sor		_	Total. Add lines 1a-1f	.5 IL II [19]	Ψ		7,028,813.			
_		-	Totall / lad in loo la li			Business Code	, ,			
o l	2	а	LICENSING			900099	29,122.	29,122.		
کار ا	_		BIOREPOSITORY		_	900099	10,000.	10,000.		
Program Service Revenue		c			_		, , , , , ,	.,		
am eve		d			_					
Pers		e			_					
Pro		-	All other program service rev	enue						
			Total. Add lines 2a-2f				39,122.			
	3	9	Investment income (including				,			
				-			30,209.	30,209.		
	4		Income from investment of ta				,	,		
	5		Royalties	•						
				(i) Rea		(ii) Personal				
	6	а	Gross rents 6a	a						
			Less: rental expenses 68	b						
			Rental income or (loss) 60	c						
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securi		(ii) Other				
				a 217,4	44.					
		b	Less: cost or other basis							
ne			and sales expenses 78	b 217,5	95.					
Revenue		С	Gain or (loss) 70	c -1.	51.					
Re			Net gain or (loss)				-151.	-151.		
Jer			Gross income from fundraising e							
Oth			including \$							
			contributions reported on line							
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from fun							
	9	а	Gross income from gaming a	ctivities. See	э 🗌					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gar	ming activitie	es					
	10	а	Gross sales of inventory, less	s returns						
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from sale							
S						Business Code				
e e	11	а								
ane		b								
eve		С								
Miscellaneous Revenue		d	All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue See instructions				7.097.993.	69,180.	0.	0.

232009 12-13-22

Form **990** (2022)

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 responsinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	ants and other assistance to domestic organizations domestic governments. See Part IV, line 21	2,073,337.	2,073,337.		
	ants and other assistance to domestic lividuals. See Part IV, line 22				
org	ants and other assistance to foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors, stees, and key employees				
6 Cor	mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B)				
7 Ot	her salaries and wages	1,108,689.	756,212.	140,196.	212,281
	nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions)				
	her employee benefits	55,569.	37,902.	7,027.	10,640
10 Pa	yroll taxes	73,511.	50,140.	9,296.	14,075
	es for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	restment management fees				
_	her. (If line 11g amount exceeds 10% of line 25, umn (A), amount, list line 11g expenses on Sch O.)	146,949.	111,183.	21,013.	14,753
12 Ad	vertising and promotion	0.046	205	0.750	100
	fice expenses	9,246.	385.	8,753.	108
	ormation technology				
	yalties				
	cupancy				
	avel				
	yments of travel or entertainment expenses any federal, state, or local public officials				
	erest				
21 Pa	yments to affiliates				
	preciation, depletion, and amortization				
23 Ins	surance	6,742.	2,248.	2,247.	2,247
abo line am	ner expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				24.2.524
	UNDRAISING	319,601.	40.000		319,601
	ISCELLANEOUS	64,996.	48,358.	6,594.	10,044
	ESEARCH COSTS	62,750.	62,750.		
_	CIENTIFIC MEETINGS, TR	39,456.	39,456.	E 70E	0 640
	other expenses	81,319. 4,042,165.	66,885. 3,248,856.	5,785. 200,911.	8,649 592,398
	tal functional expenses. Add lines 1 through 24e	4,044,100.	3,440,030.	400,911.	334,338
rep	int costs. Complete this line only if the organization orted in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation. eck here if following SOP 98-2 (ASC 958-720)				
	-13-22				Form 990 (2022

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 11,909,266. 13,831,961. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 1,671,693. 1,046,131. Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 6,440. basis. Complete Part VI of Schedule D _____ 10a 0. 0. b Less: accumulated depreciation ______ 10b 10c 1,058. 4,988. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 13,582,017. 14,883,080. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 11,499. 17 Accounts payable and accrued expenses 17 5,676,046. 3,919,779. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 5,687,545. 3,932,779. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,894,472. 10,950,301. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,894,472. 10,950,301. Total net assets or fund balances 32 32 13,582,017. 14,883,080. Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,09	7,9	93.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,09 ,04	2,1	65.		
3)							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,89	4,4	72.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	10	,95	0,3	00.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RETT SYNDROME RESEARCH TRUST, INC

Employer identification number 26-0687439

Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	See instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch						
2		A school described in secti				` ^		
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4		A medical research organiz						the hospital's name
•		city, and state:	анон ороналов и со-	njanionon mini a moopina				and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
5				inege of drillversity owner	а ог орста	ica by a g	overnmental and desent	JCG 1
6		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).						
	X							
′	21	-	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co		4\\4\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	. \			
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or
		university:						
10	ш	An organization that norma	•		-		· · · · · · · · · · · · · · · · · · ·	
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,					
11	H	An organization organized a	· ·	•	-			
12		An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					check the box on
		lines 12a through 12d that	• •			-	•	
а		■ Type I. A supporting orga	· ·		•	•		
		the supported organization			a majority (of the dire	ctors or trustees of the s	supporting
		organization. You must c						
b		☐ Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
С							•	ed with,
		its supported organization		•				
d							• • • • • •	* *
		that is not functionally int	-	-	•		•	iveness
		requirement (see instructi	•					
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.		
f		er the number of supported of	-					
g		ride the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	(organization	(11) =114	(described on lines 1-10	(iv) Is the orga in your governi		support (see instructions)	support (see instructions)
		- · g · · · · · · · · · · · · · ·		above (see instructions))	Yes	No		1
nt:								l

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9631117.	8340103.	7664611.	7837691.	6657601.	40131123.
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						
	Total. Add lines 1 through 3	9631117.	8340103.	7664611.	7837691.	6657601.	40131123.
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)						10101100
	Public support. Subtract line 5 from line 4.						40131123.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 7837691.	(e) 2022	(f) Total
	Amounts from line 4	9631117.	8340103.	7664611.	/83/691.	665/601.	40131123.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	00 170	26 442	60 205	00 060	20 000	100 005
	and income from similar sources	23,178.	36,443.	62,327.	29,868.	30,209.	182,025.
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.)						40313148.
	Total support. Add lines 7 through 10		,				40313148.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
804	organization, check this box and stor						<u></u>
	etion C. Computation of Publ			l (f)		44	99.55 %
	Public support percentage for 2022 (14	99.55 %
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o						
10a	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
,	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
11 a	and if the organization meets the fact						
	meets the facts-and-circumstances to		,	•		ū	
h	10% -facts-and-circumstances tes	_			-	 I7a and line 15 is	
i.	more, and if the organization meets the	_					1070 UI
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				
.0	Thrate roundation. If the organization	and not oneon a	55X 511 III 16 15, 100	u, 100, 17a, 01 17k	s, or con triis box a		(Form 990) 2022
							, ,

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

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

Sec	etion A. Public Support	ciow, picade com	piete i dit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,		, ,			, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	iness under section 513						
4	Tax revenues levied for the organ- 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						
6	***						
	Total. Add lines 1 through 5						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ie 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						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box at	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization			•		ū	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Ou		
3b		
3с		
4a		
4b		
4-		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
<u>.</u>		
9b		
9с		
4.5		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	·
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	_ 1		<u> </u>
000	tion b. All Type in 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		162	NO
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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	6.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
L)	DIG THE OFGENERATION EXCLUSE A SUBSTAINAL GRAPE OF UNEQUOIDOVER THE DOLICIES, DIOGRAMS, SHO SCHVINES OF EACH			

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI\ See instructions
'		•	, , ,	rant vij. See mstructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(D) Current Veer
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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		ed Type III supportina ora	anization (see
	instructions).	, 5), II J9	,

Schedule A (Form 990) 2022

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
organizations, in excess of income from activity				2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6	·		9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

32028 12-09-22 Schedule A (Form 990) 2022

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

Schedule D (Form 990) 2022

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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

Sche	edule D (Form 990) 2022 RETT SY	NDROME RES	EARCH TRUS	ST, INC	2	26-06874	39 _i	Page 2
	rt III Organizations Maintaining C							
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that make	significant u	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							_
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's ex	empt purpo	se in Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simil	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's o	collection?		Yes		□ No
Pa	rt IV Escrow and Custodial Arran	igements. Comple	ete if the organizati	on answered "Yes" o	n Form 990,	, Part IV, line 9,	or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets no	t included			
	on Form 990, Part X?					Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII							
						Amo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F				""			
	Did the organization include an amount on i	orm 990, Part X, line	21, for escrow or o			Yes		No
b	If "Yes," explain the arrangement in Part XIII			custodial account liab	oility?	Yes		No
	_	. Check here if the ex	xplanation has bee	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has bee	custodial account liab n provided on Part XI	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII	. Check here if the exift the organization ar	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete Beginning of year balance	. Check here if the exift the organization ar	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete	. Check here if the exift the organization ar	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses	. Check here if the exift the organization ar	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII In It V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	. Check here if the exift the organization ar	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	. Check here if the exift the organization ar (a) Current year	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	. Check here if the exift the organization are (a) Current year	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	. Check here if the exift the organization are (a) Current year	xplanation has beenswered "Yes" on F	custodial account liab n provided on Part XI Form 990, Part IV, line	oility? II e 10.		<u></u> [
Pa 1a b c d e	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	. Check here if the exift the organization are (a) Current year	xplanation has bee nswered "Yes" on F (b) Prior year	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	oility? II e 10.		<u></u> [
1a b c d e	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	. Check here if the exift the organization are (a) Current year	xplanation has bee nswered "Yes" on F (b) Prior year	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	oility? II e 10.		<u></u> [
1a b c d e	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment	. Check here if the exift the organization ar (a) Current year	xplanation has bee nswered "Yes" on F (b) Prior year	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	oility? II e 10.		<u></u> [
1a b c d e f g 2 a .	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment	. Check here if the exift the organization are (a) Current year	xplanation has bee nswered "Yes" on F (b) Prior year	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	oility? II e 10.		<u></u> [
1a b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment	Check here if the exift the organization ar (a) Current year rent year end balance %	xplanation has bee nswered "Yes" on F (b) Prior year	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	oility? II e 10.		<u></u> [
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	Check here if the exift the organization ar (a) Current year crent year end balance % % build equal 100%.	xplanation has beenswered "Yes" on F (b) Prior year be (line 1g, column	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	ility?		<u></u> [
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	Check here if the exift the organization ar (a) Current year crent year end balance % % build equal 100%.	xplanation has beenswered "Yes" on F (b) Prior year be (line 1g, column	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back	ility?		<u></u> [rs back
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses organization by:	. Check here if the exift the organization ar (a) Current year crent year end balance % % build equal 100%. ession of the organization ar	xplanation has been swered "Yes" on F (b) Prior year be (line 1g, column %	custodial account liab n provided on Part XI form 990, Part IV, line (c) Two years back (a)) held as:	the	ears back (e) F	our year	rs back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations	Check here if the exift the organization ar (a) Current year rent year end balance % % buld equal 100%. ession of the organization ar	xplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column %	custodial account liab n provided on Part XI Form 990, Part IV, line (c) Two years back (a) held as:	the	ears back (e) F	Yes	's back
Pa 1a b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses organization by:	Check here if the exift the organization ar (a) Current year (a) Current year rent year end balance % % build equal 100%. dession of the organization ar	xplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column%	custodial account liab n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	the	ars back (e) F	Yes	rs back

Describe in Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Complete if the organization answered trest on Form 990, Part 17, line 11a. See Form 990, Part X, line 10.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment	6,440.		6,440.	0.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 RETT SYNDROI	ME RESEARCH T	TRUST, INC	26-0687439 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" of		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-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" of	on Form 990, Part IV, line	_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-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.	on Form 000. Bort IV line	alld Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" (a) [Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			(0) 20011 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		
Part X Other Liabilities.	. 10./		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X lin	ne 25
(-) Describelles of Balatities	5111 01111 000, 1 411 14, 11110	7 110 01 111. CCC 1 01111 000, 1 are X, III	(b) Book value
(a) Description of liability (1) Federal income taxes			(a) Book value
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

_	edule D (Form 990) 2022 RETT SYNDROME RESEARCH TI				0687439 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per P	eturn	ı .
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,105,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	y , ,				
b	Donated services and use of facilities	2b	8,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,000.
3	Subtract line 2e from line 1			3	7,097,993.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,097,993.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	4,050,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	8,000.		
b				1	
С				1	
d					
е				2e	8,000.
3	Subtract line 2e from line 1			3	4,042,164.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b					
С		-		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,042,164.
	rt XIII Supplemental Information.				· · ·
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization					Employer identi	fication number
RET	T SYNDROME R	ESEARCH	TRUST, I	NC		26-06874	39
Par				tside the United States. Comple	te if the organ		
	Form 990, Part I\	/, line 14b.					
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	Yes X No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
	United States.						
3				an be duplicated if additional space is r			
	(a) Region	` '	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	•	gram service,	for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
			in the region	recipients located in the region)	or service	(s) in the region	in the region
				GRANTS TO RECIPIENTS			
NORTI	H AMERICA			LOCATED IN THE REGION			190,000.
							1
2 -	Cubtotal	0	0				190,000.
	Subtotal		-				130,000.
	Total from continuation	١ ,	0				0.
	sheets to Part I	<u>-</u>	<u> </u>				+
С	Totals (add lines 3a	_	,				190 000

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

Schedule F (Form 990) 2022

Schedule	F (Form 990) 2022	RETT	SYNDROME	RESEARCH	TRUST,	INC	26-0687439
Part II 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							
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							i.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		NORTH AMERICA		190,000.		0.		
			I recognized as charities by the or counsel has provided a sec			>		1

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

Schedule F (Form 990) 2022

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

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) 2022

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization RETT SYNDROME RESEARCH TRUST, INC 26-0687439 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MECP2 CONSORTIUM HOUSTON, TX 77030 192,169 0 CORTELL INSTITUTE FOR MEDICAL RESEARCH - 403 HADDON AVENUE -BIO REPOSITORY CAMDEN, NJ 08103 119,461 EMERALD INNOVATIONS 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142 103,595 0 OUTCOME MEASURES EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA GA 30322 283 945 RETT RESEARCH FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE N. RETT RESEARCH SEATLE, WA 98109 182,485 0 HARVARD UNIVERSITY 150 WESTERN AVENUE BOSTON, MA 02134 50 000 0 RETT RESEARCH 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt 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
JACKSON LABORATORIES							
600 MAIN STREET							
BAR HARBOR, ME 04609			68,060.	0.			RETT RESEARCH
JACKSON LABORATORIES							
600 MAIN STREET							MOUSE MODELS ALLELIC
BAR HARBOR, ME 04609			132,479.	0.			SERIES
KETAMINE TRIAL							RETT RESEARCH
C/O RETT SYNDROME							KEII KESEAKCII
TRUMBULL, CT 06611			230,217.	0.			
,							
MASSACHUSETTS INSTITUTE OF							
TECHNOLOGY - 77 MASSACHUSETTS AVE							
- CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	306,168.	0.			RNA EDITING
OMBD C/O RSRT							
67 UNDER CLIFF ROAD							
TRUMBULL, CT 06611			60,000.	0.			RETT RESEARCH
OREGON HEALTH AND SCIENCES							
UNIVERSITY FOUNDATION - 3181 S.W.							
SAM JACKSON PARK - PORTLAND, OR		504 (5) (2)	00 550				L
97239	23-7083114	501(C)(3)	28,750.	0.			RNA EDITING
UNIVERSITY OF CALIFORNIA DAVIS							
1 SHIELDS AVENUE							
DAVIS, CA 95616	95-6006144	501(C)(3)	360,624.	0.			RNA EDITING
211115, 611 35010	33 0000111	301(0)(3)	300,021.	•••			
UNIVERSITY OF MASSACHUSETTS							
MEDICAL SCHOOL - 55 N LAKE AVE -							
WORCESTER, MA 01655	54-2084125		607,197.	0.			RETT RESEARCH
							RNA/DNA
UNIVERSITY OF MASSACHUSETTS							EDITING; READTHROUGH
MEDICAL SCHOOL - 55 N LAKE AVE -							THERAPY; MECP2
WORCESTER, MA 01655	54-2084125	501(C)(3)	54,717.	0.			DUPLICATION SYNDROME

(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
CHILDREN'S HOSPITAL OF							
PHILADELPHIA - 3401 CIVIC CENTER							
BLVD - PHILADELPHIA, PA 19104			62,587.	0.			RETT RESEARCH
,			,				
COLUMBIA UNIVERSITY							
630 WEST 168TH STREET							
NEW YORK, NY 10032			193,149.	0.			RETT RESEARCH
UNIVERSITY OF ROCHESTER							
500 JOSEPH C. WILSON BLVD RC BOX 27			36 600	0.			RETT RESEARCH
ROCHESTER, NY 14627			36,690.	0.			REII RESEARCH
BOSTON CHILDREN'S HOSPITAL							
300 LONGWOOD AVENUE							
BOSTON, MA 02115			67,345.	0.			RETT RESEARCH
RETT SYNDROME GLOBAL REGISTRY C/O							
RSRT - 67 UNDER CLIFF ROAD -							
TRUMBULL, CT 06611			383,228.	0.			RETT RESEARCH
HARVARD STEM CELL INSTITUTE							
7 DIVINITY AVE			10 -0-				
CAMBRIDGE, MA 02138			10,727.	0.			RETT RESEARCH
TEXAS CHILDRENS HOSPITAL							
6701 FANNIN STREET							
HOUSTON, TX 77030			125,000.	0.			RETT RESEARCH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, colum	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.

2022

26-0687439

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

RETT SYNDROME RESEARCH TRUST, INC

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
a	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	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			
	MODIFICION COCTION AS AUGUS			

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

Schedule J (Form 990) 2022

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	V-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) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation				
(1) MONICA COENRAADS	(i)	220,000.	0.	0.	0.	0.		0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.			

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

RETT SYNDROME RESEARCH TRUST, 26-0687439 TNC Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 371,212. (AUCTION AND RAF) 25 Other IN-KIND SERVICE 2 8,000. X 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) 2022

32a

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33

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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) 2022

Name of the organization RETT	SYNDROME RESEARCH TRUST, INC	Employer identification number 26-0687439
FORM 990, PART VI,	SECTION C, LINE 18:	
THE ORGANIZATION'S	GOVERNING DOCUMENTS, POLICIES AND FINA	NCIAL STATEMENTS
ARE AVAILABLE UPON	REQUEST AND VIA THEIR WEBSITE	
FORM 990, PART VI,	SECTION C, LINE 19:	
THE ORGANIZATION'S	GOVERNING DOCUMENTS, POLICIES AND FINA	NCIAL STATEMENTS
ARE AVAILABLE UPON	REQUEST AND VIA THEIR WEBSITE	