Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	For the	2023 ca	endar year, or tax year beg	ginning			, and e	nding		-			
В	Check if a	applicable:	C Name of organization D	ana's Angels	Research Trus	t			D Employ	er identifica	ation numbe	er	
	Address	change	Doing business as										
\Box		-	Number and street (or P.O. bo	ox if mail is not	delivered to street	address)	Room/suite	5	51-65280	48			
Ш	Name ch	ange	15 East Putnam Avenue,	PMB 117				Ī	E Telepho	ne number			
	Initial retu	ırn	City or town		Sta	te	ZIP code	,	000 064 0	2062			
\Box			Greenwich		СТ	-	06830	4	203-861-2	2003			
Ш	Final return	/terminated	Foreign country name	Foreign	province/state/cour	nty	Foreign postal	code					
	Amended	l return						4	G Gross re	eceipts \$		2	15,400
\Box			F Name and address of principa	al officer:								٦,, [X No
Ш	Application	on pending								rn for subordina	_	≓ ;	
			Philip D Marella 15 Desire	ee Dr, Gree	nwich, CT 068	30		1		ates included		Yes	No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c)	((insert no.)	4947(a)(1) or 527	If "N	lo," attach a	list. See ins	tructions		
$\overline{}$	Website	· ww	v.DanasAngels.Org					H(c) Grou	up exemptio	n number			
<u> </u>				П			1						
		organizatior	Corporation X Trust	Associa	tion Other		L Yea	ar of format	ion: 200:	2 M Sta	ate of legal do	omicile:	CT
:	Part I	Su	nmary										
	1	Briefly d	escribe the organization's	mission or	most significan	t activitie	s: Dana	a's Ange	ls Resear	rch Trust's	s mission	is	
ခ်		-	g medical research, medic		_								
Jan			it of Niemann-Pick type C					77					
Governance	2	Check tl			continued its or			of more	than 250/	of ita no	t acceta		
<u> </u>	2										i asseis.		_
	3		of voting members of the							3			5
S	4		of independent voting me							4			5
Activities &	5		mber of individuals employ							5			0
흦	6		mber of volunteers (estima							6			10
ĕ	7a	Total un	related business revenue	from Part V	III, column (C),	line 12.				7a			0
	b	Net unre	lated business taxable inc	come from F	orm 990-T, Pa	rt I, line	11			7b			0
									Prior Year		Curre	nt Year	r
Φ	8	Contribu	tions and grants (Part VIII	l, line 1h) .					2	26,915		1	80,771
2	9		service revenue (Part VII							0			0
Revenue	10		ent income (Part VIII, colui							2,847			27,079
2	11		venue (Part VIII, column (. ,						-2,114			-4,150
	12		enue—add lines 8 through 1						2	27,648		2	03,700
_	13		nd similar amounts paid (l							94,511			80,078
	14								<u>'</u>			- 1	•
	1		paid to or for members (P							0			0
ses	15		other compensation, employ							0			0
Expenses	16a		onal fundraising fees (Par							0			0
S.	b		draising expenses (Part I)				7,632						
ш	.,		penses (Part IX, column (18,747			27,452
	18		oenses. Add lines 13–17 (e 25) . .			13,258		2	07,530
	19	Revenu	e less expenses. Subtract	line 18 from	line 12					14,390			-3,830
Net Assets or	3							Beginni	ng of Curre	nt Year	End	of Year	
sets	20	Total as	sets (Part X, line 16)						8-	48,668		8	44,838
t As	21	Total lia	oilities (Part X, line 26)							0			0
ž	22	Net ass	ets or fund balances. Subti	ract line 21	from line 20 .				8-	48,668		8	44,838
P	art II	Sic	nature Block							•			
			, I declare that I have examined the	his return, inclu	ding accompanying	g schedules	and statements	, and to the	best of my	knowledge			
and	belief, it i	s true, corre	ct, and complete. Declaration of p	reparer (other	han officer) is base	ed on all infe	ormation of which	n preparer	has any kno	wledge.			
C:										1	0/16/2024	ļ	
Si	_	Sign	ture of officer						Date				
He	re	Phil	p D Marella				Trus	tee					
			or print name and title										
_			Type preparer's name		Preparer's signatu	re		Date	<u> </u>		PTIN		
Pa	id		71 - FF 01 0 1141110		s. s signatu	-		34.0		Check	if		
		.								self-employ	/ed		
	eparer		s name						Firm's EIN				_
US	e Only	, <u> </u>											
			s address					•	Phone no.			г	
		oc diagua	s this return with the prepa	arer chown	ahova? Saa ing	etructions	2				\	es (No

	990 (2023)	Dana's Angels Research Trust	51-6528048	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly d	Check if Schedule O contains a response or note to any line in this Part III escribe the organization's mission:		· [A]
•		Angels Research Trust's mission is furthering medical research, medical education,		
	or medic	al or hospital care for the treatment of Niemann-Pick type C disease or similar		
	genetic (diseases.		
2		organization undertake any significant program services during the year which were not listed on	_	
	•	Form 990 or 990-EZ?	Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services, is. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
		expenses, and revenue, if any, for each program service reported.	,	•
	(Codo:	\(\(\text{Expansion} \\ \text{C77.} \) \(\text	- ¢	· ·
4a	(Code: Grant to) (Expenses \$ 14,677 including grants of \$ 14,677) (Revenue Cristin Davidson, PhD for work at the NIH related to gene therapy for NPC as well as	≠ Φ)
		oordination of SOAR-NPC drug development collaboration efforts.		
4b	(Code:) (Expenses \$ 25,000 including grants of \$ 25,000) (Revenue	= \$)
		assist with NPC Cat lab resettling from UPenn to U-FLA and reinitiation of NPC studies at		/
	U-FLA			
4c	(Code:) (Expenses \$ 50,375 including grants of \$ 50,375) (Revenue	e \$)
		r NPC research at the lab of Dr. Stephanie Cologna of University of Illinois-Chicago into		
	a potent	ial biomarker of NPC, Calbindin D.and for partial salary of post-doc member of the lab.		
4d	-	ogram services (Describe on Schedule O.)		
40	(Expens		0)	
<u>4e</u>	rotal pro	ogram service expenses 196,949		

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Part	V 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,"		162	NO
	complete Schedule A	1	Х	
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 public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
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			Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			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		Х
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? <i>If "Yes," complete Schedule D, Part VII.</i>			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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		_	Χ
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>			Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	5,"		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a				Χ
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445	V	
15	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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	_	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 1 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

19

19 20a

20b

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	ı	
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	:	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 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		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Χ
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		Χ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		Χ
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M	. 29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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.			Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	051		
20	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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	. 36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	. 37		Х
20		. 31	1	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Par		. 30	^	
T GI	Check if Schedule O contains a response or note to any line in this Part V			
	Chesh in Contourie C Contains a response of note to any into in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	169	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
•	reportable gaming (gambling) winnings to prize winners?	. 1c	Х	

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		Yes	No
0			
	2b	Χ	
	3a		Χ
	3b		
	4a		X
	5a 5b		X
	5c		
	30		_
	6a		X
	6b		
	7a		X
	7b		
	7c		Х
	7e		X
	7f		X
	7g		
	7h		
	8		
	9a		
	9b		
	12a		
	13a		
	14a		Χ
	14b		
	15		Х
	16		Х

Par	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		V
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	the organization is licensed to issue qualified health plans			
с 14а	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10		10		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	1,		
	II Tes, Complete Form 0008.			

Part VI

Sect	ion 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 5			
	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 5			
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	Χ	
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			
, a	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	7.5		
Ü	the year by the following:			
а	The governing body?	8a	Χ	
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			
Ū	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	
0000	1011 211 Ollolog (Time Coolien 2 requeste illionnation about policies het required by the internal revenue c	7000.	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		11a	Χ	
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		
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	Χ	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	` '		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial 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			
	Philip Marella 203-861-2063			
	15 Desiree Dr. Greenwich, CT 06830			

_		
5 1	1-6528048	
J	1-0320U40	

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

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

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 nor any related organization compensated any current officer, director, or trustee.

				((C))		
				Pos						
(A)	(B)	(do i	not ch			than or	ne	(D)	(E)	(F)
Name and title	Average					is both a		Reportable	Reportable	Estimated amount
	hours per week				irecto	or/truste		compensation from the	compensation from related	of other compensation
	(list any	Individual or director	nst	Officer	ê	ğ ğ	Former	organization (W-2/	organizations (W-2/	from the
	hours for	lire.	藍	E	em	nest	ner	1099-MISC/	1099-MISC/	organization and
	related organizations	of a	1 2		oldi	8 S		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	Institutional trustee		yee	ਸੂ ਜੂਵ				
	dotted line)	tee	ste			sens				
			Ō			Highest compensated employee				
(1) Philip D. Marella	30.00									
Trustee	0.00							0		
(2) Andrea M. Marella	20.00									
Trustee	0.00	Х						0		
(3) Norman Bryn	5.00									
Trustee	0.00	Χ						0		
(4) Maria Kessel	5.00									
Trustee	0.00	Χ						0		
(5) Christina Krauss	5.00									_
Trustee	0.00	Х						0		
(6)										
(7)										
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c Total from continuation sheets to Part VII, Section A. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				7										
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services O Total number of independent contractors (including but not limited to those listed above) who received	1b	Subtotal								0		0		0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	С	•												0
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employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address 0 0 0 0 1 1 Total number of independent contractors (including but not limited to those listed above) who received	3	Did the organization list any former officer dire	ector trustee ke	v em	nlov	ee	or h	niahe	st co	ompensated		ľ		les No
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the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4													
individual	-		•							•	h			
for services rendered to the organization? If "Yes," complete Schedule J for such person								-					4	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation 0 0 0 10 10 10 10 10 10 10	5	Did any person listed on line 1a receive or accr	ue compensatio	n froi	m ar	าу น	nre	lated	org	anization or indiv	/idual			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation 0 0 1 1 1 1 1 1 1 1 1 1 1		for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	ch pei	rsor	1			5	Х
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Part VIII Statement of Revenue

		Check if Schedule O contains a response or not	te to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns	0 0 140,583 0				
	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f	40,188	180,771	2	3	
Program Service Revenue	2a b c d e f		Business Code	0 0 0 0 0			
	3 4 5 6a b	Investment income (including dividends, interest, ar other similar amounts)		27,079 0 0			
Revenue	d 7a b	Net rental income or (loss)	(ii) Other 0 0	0			
Other	d 8a b	Net gain or (loss)	7,550 11,700	0			
	c 9a b	Net income or (loss) from fundraising events	0	-4,150 0			
	10a b c	Gross sales of inventory, less returns and allowances		0			
Miscellaneous Revenue	11a b c d	All other revenue	Business Code	0 0 0 0			
	12	Total revenue See instructions		203 700	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b. 9b. and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		· ·
	and domestic governments. See Part IV, line 21	147,901	147,901		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	14,677	14,677		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	17,500	17,500		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0		/	
7 8	Other salaries and wages	U			
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	•			
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A), amount, list line 11g expenses on Schedule O.)	157		0 157	
12 13	Advertising and promotion	0		107	
14	Information technology	1,439		1.439	
15	Royalties	0		1,100	
16		0			
17	Occupancy	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	16,871	16,871		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,081		1,081	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Printing/Copying	3,797		37	3,760
b	Bank Fees	95		95	0,700
C	Postage	280		30	280
d	CC/Platform Fees	140		140	
е	All other expenses	3,592			3,592
25	Total functional expenses. Add lines 1 through 24e	207,530	196,949	2,949	7,632
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

51-6528048

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
\neg	1	Cash—non-interest-bearing	5,770	1	9,110
	2	Savings and temporary cash investments	842,898	2	818,228
	3	Pledges and grants receivable, net	0	3	0.10,220
	4	Accounts receivable, net	0	4	17,500
	5	Loans and other receivables from any current or former officer, director,	Ü		17,000
	·	trustee, key employee, creator or founder, substantial contributor, or 35%		_	
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	J		
	Ü	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ம	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9		0	9	0
	-	Prepaid expenses and deferred charges	0	9	U
	10a	Land, buildings, and equipment: cost or			
	L	other basis. Complete Part VI of Schedule D 10a 0		40-	0
		Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	<u>16</u>	Total assets. Add lines 1 through 15 (must equal line 33)	848,668	16	844,838
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director,			
ЩĮ		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow FASB ASC 958, check here			
<u>۾</u>		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	0	27	0
<u> </u>	28	Net assets with donor restrictions	0	28	0
[문		Organizations that do not follow FASB ASC 958, check here			
띤		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	0
šet	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
Ass	31	Retained earnings, endowment, accumulated income, or other funds	848,668	31	844,838
et /	32	Total net assets or fund balances	848,668	32	844,838
Z	33	Total liabilities and net assets/fund balances	848,668	33	844,838

				$\overline{}$	ye 12
Part	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		203	3,700
2	Total expenses (must equal Part IX, column (A), line 25)	2		207	7,530
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	3,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		848	3,668
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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,	4			
	column (B))	10		844	1,838
Part	·			ı	
	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		20		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
- Ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection Employer identification number

Dana	a's /	Angels Research Trust					51-65	28048	
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundat	•		-		,		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organizatio	· · ·	nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). Er	ter the	
_		hospital's name, city, and state							
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmentai unit desc	cribea in	
6	Щ	A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ı	unit or from the gene	ral public	:
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organiz or university or a non-land-gran university:							e
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) i s section :	no more than 33 1/39 511 tax) from busine	% of its	SS
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).		
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	i09(a)(3).	
а	·	Type I. A supporting organization(sorganization. You must con	s) the power to regunder to regunder to regunder to the power to regular to regular to regular to regular to the power to regular to r	larly appoint or elect a tions A and B.	majority o	of the dire	ctors or trustees of the	ne suppo	
b		Type II. A supporting organization(s). You must organization(s).	e supporting organi	zation vested in the sa					d
С		Type III functionally integrated its supported organization(s)	ated. A supporting o	organization operated i				rated wit	h,
d		Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A supportated. The organizat	ting organization opera ion generally must sati	ated in cor isfy a distr	nnection with	vith its supported org quirement and an at		
е		Check this box if the organize functionally integrated, or Ty	ation received a wr	itten determination fror	m the IRS	that it is a		e III	
f		Enter the number of supported							0
g		Provide the following information							
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other su	mount of upport (see uctions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	<u> </u>						0		0
ı vla								1	U

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	157,057	192,976	468,013	226,915	188,322	1,233,283
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	. ,	. ,		-,-		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	157,057	192,976	468,013	226,915	188,322	1,233,283
6	Public support. Subtract line 5 from line 4						1,233,283
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	157,057	192,976	468,013	226,915	188,322	1,233,283
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,726	1,147	0	2,847	27,079	33,799
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						1,267,082
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						
	tion C. Computation of Public Su					 	
	Public support percentage for 2023 (line 6, c	1.7	•	. , ,		14	97.33%
15	Public support percentage from 2022 Sched					15	99.09%
16a	33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as						IV.
b	33 1/3% support test—2022. If the organiz	ation did not check	a box on line 13 o	or 16a, and line 15 i	s 33 1/3% or more	, check this	<u>X</u>
17a	box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the facorganization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		·
	instructions						

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	tion A. Public Support			· 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge	0		0		0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	·						U
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-					<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	♦					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line	15	<u> </u>		16	0.00%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se					18	0.00%
19a	33 1/3% support tests—2023. If the organi						г—
	not more than 33 1/3%, check this box and s	-			-		<u>L</u>
b	33 1/3% support tests—2022. If the organi						Г
20	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did it	IOL CHECK A DOX ON	mie 14, 198, 0f 19	D, CHECK THS DOX 8	mu see mstructions		

Supporting Organizations Part IV

(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

- 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.
- 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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Dana's Angels Research Trust

Part	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	4.4		
L	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		
Secti	on B. Type I Supporting Organizations	110		<u> </u>
	on an appearance of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,	_		
04	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations		Vaa	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		
Secti	on 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 year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inetruct	ione)	
		monaci		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	'gar	nizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Sections	A through E.				
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year					
		(71) Ther real	(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	0	0				
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	0	0				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year				
		()	(optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	10	<i>J</i>)					
d Total (add lines 1a, 1b, and 1c)	1d	0	0				
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	0	0				
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
see instructions).	4	0	0				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0				
6 Multiply line 5 by 0.035.	6	0	0				
7 Recoveries of prior-year distributions	7	0	0				
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0				
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0				
2 Enter 0.85 of line 1.	2		0				
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0				
4 Enter greater of line 2 or line 3.	4		0				
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		0				
7 Check here if the current year is the organization's first as a non-functionally		egrated Type III supporting					
instructions).		5 71 11 5	,				

Scriedul	Dana's Angels Research Trust			01-0020040 Page 1
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on 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 exemple	ot purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	1	10	
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		()
h	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from			
-	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			0
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		()
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j	_		
	and 4c. Breakdown of line 7:	0		
8				
<u>a</u>				
<u> </u>	Excess from 2020			
	Excess from 2021			
d	Excess from 2023			
댙	LAVGGG HUHLZUZU			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

Part VI

B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II Section B Line 10 is not applicable
Part II Section C Line 17a is not applicable
Part II Section C Line 17b is not applicable
•.(0

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Dana's Angels Research Trust

Employer identification number 51-6528048

Par	Form 990, Part IV		vities Outsid	e the United States. Com	plete if the organization ansv	wered "Yes" on
1	_	antees' eligibility	for the grants or	ds to substantiate the amoun assistance, and the selectio	_	X Yes No
2	For grantmakers. Descoutside the United State		e organization's	procedures for monitoring the	e use of its grants and other	assistance
3	Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Europe (Including Iceland and Greenland)	0	0	Program Services	Medical Research	17,500
(2)						
(3)						
(4)						
(5)						
(6)			•	\bigcirc		
(7)			C			
(8)						
(9)						
(10)						
(11)						
(12)		W				
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	0	0			17,500
_	Tatala (add lines 2s and 2h)	0	Λ			17 500

			zations or Entities					on Form 990,
_		•	ived more than \$5,0					Г
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and	Medical Research		Wire transfer		4	
(1)		Celand and		17,500		0	_	
(2)							7	
(3)								
(4)						·		
(5))		
(6)				•	5			
(7)								
(8)								
(9)			*					
(10)								
(11)								
(12)								
(13)								
(14)		10,0						
(15)								
(16)								
			ove that are recognized the grantee or counse					
		nizations or entities .	_	•	equivale	-		 1

(18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Manner of (h) Method of (b) Region (c) Number of (d) Amount of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14)(15) (16) (17)

51-6528048

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see the Instructions for Form 5471)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see the Instructions for Form 8621)
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I Line 2 All grants are approved by the trustees of the organization. All recipients
are required to keep detailed financial and research information as to the use of funds
provided by the organization and performance under the grant which is consistent with the
stated goals of the grant. Grant recipients are required to provide periodic reports as
well as a final report stating the accomplishments of the project and a final accounting
of the use of all funds.
•. (C)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

pen to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Dana's Angels Research Trust 51-6528048 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 n 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. C more than \$15,000 of fu	undraising event contri	ibutions and gross inc	ome on Form 990-EZ	, lines 1 and 6b. List			
		events with gross recei							
			(a) Event #1 Charity Walk	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
a)			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	148,133		(148,133			
ď	2		140,583		_ (140,583			
	3	Gross income (line 1 minus line 2)	7,550			7,550			
	4	Cash prizes				0			
	5	Noncash prizes				0			
enses	6	Rent/facility costs	175			175			
Direct Expenses	7	Food and beverages	48		(48			
Dire	8	Entertainment	678			678			
	9	Other direct expenses	10,799			10,799			
D-	10 Direct expense summary. Add lines 4 through 9 in column (d)								
Pa	irt II	\$15,000 on Form 990-E	-	red "Yes" on Form 99	υ, Paπ IV, line 19, or i	reported more than			
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue	• (0			
ses	2	Cash prizes				0			
ect Expenses	3	Noncash prizes				0			
Direct	4	Rent/facility costs	<u>,O</u>			0			
	5	Other direct expenses				0			
	6	Volunteer labor	Yes %	Yes % No	Yes% No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0			
9				ng activities:		0			
	a I	Enter the state(s) in which the org	ganization conducts gami nduct gaming activities in	ng activities: each of these states?.		. Yes No			
	a I	Enter the state(s) in which the org	ganization conducts gaminduct gaming activities in	ng activities: each of these states?.		. Yes No			
10	a li b li	Enter the state(s) in which the org s the organization licensed to co f "No," explain:	ganization conducts gami nduct gaming activities in	ng activities: each of these states?.	I during the tax year?	. Yes No			

Schedu	ıle G (Form 990) 2023	Dana's Angels Research Trust	51-6528048	Page 3
11	Does the organization co	onduct gaming activities with nonmembers?	. Yes	No
12		ntor, beneficiary or trustee of a trust, or a member of a partnership or other entity ritable gaming?	. Yes	☐ No
13	Indicate the percentage of	of gaming activity conducted in:		
а	The organization's facility		Ba	%
b	-		Bb	%
14	records:	ress of the person who prepares the organization's gaming/special events books and		
	Name			
	Address			
15a		eve a contract with a third party from whom the organization receives gaming	Yes	☐ No
b		at of gaming revenue received by the organization \$0 and the ue retained by the third party \$0		
С	If "Yes," enter name and	address of the third party:		
	Name			
	Address			
16	Gaming manager informa	ation:		
	Name			
	Gaming manager compe	ensation \$0		
	Description of services pr	rovided		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
а		red under state law to make charitable distributions from the gaming proceeds to		—
h	retain the state gaming lie	cense?	Yes	No
		's own exempt activities during the tax year \$		0
Part	IV Supplemental I	nformation. Provide the explanations required by Part I, line 2b, columns (ii		
		9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	formation.	
	See instructions			
				
		·		

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Danats Angels Research Trust General Information on Grants and Assistance	Name of the organization						Employer identi	fication number
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 criteria used to award the grants or assistance? 2 Describe in Part IV the organizations procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (i) Name and address of organization or governments. Organization and process of organization are organization or governments. Organization or grant (id) Amount of cash assistance (ii) University of Illinois - Chicago (ii) University of Illinois - Chicago (ii) University of Florida Foundation. P.O Box 14425 Gainesville, FL 32604 (iii) Yasin Gainesville, FL 32604 (iii) Yasin Gainesville, FL 32604 (iv) Washington St. Lexington, VA (iv) Robot University (iv) Robot University Medical Center (iv) (iv) Robot University Medical Center (iv) (iv) Robot Robot Goods of Sc. 2174823 (iv) Robot University Medical Center (iv) (iv) Robot University Medical Center (iv) (iv) Robot Robot Robot Coast Hwy Long Beat (iv) (iv) Robot Robot Robot St. Coast Hwy Long Beat (iv) (iv) 2 Enter total number of section 501(c)(3) and government organizations isleted in the line 1 table.	Dana's Angels Research Trust						5	1-6528048
2 Describe in Part IV the roganization's procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (a) Name and address of organization or government or govern	Part I General Information	on on Grants	and Assistance					
Part II 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash or grant and address of organization or government (line). Chicago (line) (l	1 Does the organization mainta	ain records to su	ıbstantiate the amoı	unt of the grants or ass	istance, the grantees'	eligibility for the grants of	or assistance, and	
Part II 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. 1 (a) Name and address of organization (b) EIN (c) IRC section (r) University of Illinois. Chicago (c) IRC section (r) University of Illinois. Chicago (c) Says New Individual Space (c) IRC search (r) University of Florida Foundation P.O Box 14425 Gainesville, FL 32604 (b) Sevential Seventia	the selection criteria used to	award the grant	s or assistance?.					. X Yes No
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or orgovernment organizations of organization of organizations of organization organization of organization of organization org	2 Describe in Part IV the organ	ization's proced	lures for monitoring	the use of grant funds	in the United States.			
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (e) Amount of non-cash assistance (h) Purpose of grant or assistanc	Part II Grants and Other	Assistance to	Domestic Orga	nizations and Dom	estic Government	ts. Complete if the org	ganization answere	ed "Yes" on Form
(1) University of Illinois - Chicago 28395 Network Place Chicago, IL 606 37-6000511 50,375 25,000 8 Medical Research 9 De Box 14425 Gainesville, FL 32604 (9) Yashington and Lee University 204 W. Washington and Lee University 401 E Portham Rd. Bronx, NY 10458 (9) Fordham University 401 E Portham Rd. Bronx, NY 10458 (9) Rost University Hause Chicago, IL 606 (9) Fordham University 401 E Portham Rd. Bronx, NY 10458 (10) Rost University Hause Chicago, IL 606 (10) Hold and Seek Foundation 401 Brockledge Dr Bethesda, MD 2 (5) 20858115 (10) Hide and Seek Foundation 403 E Pacific Coast Hwy Long Beac (9) 405 E Pacific Coast Hwy Long Beac (9) 406 E Pacific Coast Hwy Long Beac (9) 407 E Pacific Coast Hwy Long Beac (9) 408 E Pacific Coast Hwy Long Beac (9) 409 E Pacific Coast Hwy Long Beac (9) 409 E Pacific Coast Hwy Long Beac (9) 400 E Pacific Coast Hwy Long Beac (9) 401 E Pacific Coast Hwy Long Beac (9) 402 E Inter total number of section 501(c)(3) and government organizations listed in the line 1 table 403 E Pacific Coast Inturbur of Section 501(c)(3) and government organizations listed in the line 1 table	990, Part IV, line 21	, for any recip	ient that received	I more than \$5,000.	Part II can be dupli	cated if additional spa	ice is needed.	
(i) University of Illinois - Chicago (2395 Network Place Chicago, IL 606 (37-6000511 (30 University) of Florida Foundation (39 Yale University) of Florida Foundation (49 Washington and Lee University) (49 Washington and Lee University) (49 Washington and Lee University) (40 Washington and Lee University) (41 Fordiam University) (42 Fordiam University) (43 Fordiam University) (43 Fordiam University) (43 Fordiam University) (44 Fordiam University) (45 Fordiam University) (46 Fordiam University) (47 Fordiam University) (48 Fordiam University) (49 Washington St. Lexington, VA (46 Fordiam University) (40 Fordiam University) (40 Fordiam University) (41 Fordiam Rd. Bronx, NY 10458 (47 Fordiam Rd. Bronx, NY 10458 (47 Fordiam Chicago, IL 6061 (47 Fordiam Chicago, IL 60	1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of grant
(1) University of Illinois - Chicago	, ,	()	` '	` '	` '			1, ,
28395 Network Place Chicago, IL 606 37-6000511 50,375 Medical Research (2) University of Florida Foundation P.O. Box 14425 Gainesville, FL 32604 59-0974739 25,000 Medical Research P.O. Box 14425 Gainesville, FL 32604 59-0974739 25,000 Medical Research P.O. Box 2038 New Haven, CT 06521 06-0646973 25,000 Medical Research Funding Medical Research P.O. Box 2038 New Haven, CT 06521 06-0646973 25,000 Medical Research Funding Medical Research Internships 106 Medical Research Internships 107 Medical Research Internships 107 Medical Research Internships 108 Medical Research 107 Med	(1) University of Illinois - Chicago							Medical Research
(a) University of Florida Foundation		37-6000511		50,375	• •	\smile		
(9) Yale University P.O. Box 2038 New Haven, CT 06521 (49) Washington and Lee University C40 W. Washington and Lee University C40 W. Washington St. Lexington, VA 54-0505977 19,680 Medical Research Internships Medical Research F710B Rockledge Dr Bethesda, MD 20 Medical Research F710B Rockledge Dr Bethesda, MD				,				Medical Research
P.O. Box 2038 New Haven, CT 06521 06-0646973 25,000 Funding	P.O Box 14425 Gainesville, FL 32604	59-0974739		25,000				
Medical Research Medical Research Internships Medical Research Medical Research Internships Internship	(3) Yale University							
204 W. Washington St. Lexington, VA 54-0505977 199,680 Internships (6) Fordham University 441 E Pordham Rd. Bronx, NY 10458 13-1740451 13-240 Internships (6) Rush University Medical Center 1700 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612 36-2174823 5,200 Medical Research 1701 W. Van Buren Chicago, IL 60612	P.O. Box 2038 New Haven, CT 06521	06-0646973		25,000				Funding
Medical Research Internships Medical Research Medical	(4) Washington and Lee University							
441 E Pordham Rd. Bronx, NY 10458 (6) Rush University Medical Center 1700 W. Van Buren Chicago, IL 60612 (7) Nat'l Institutes of Health 6710B Rockledge Dr Bethesda, MD 20 (8) Hide and Seek Foundation 6475 E. Pacific Coast Hwy Long Beac (9) (10) (11) (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	204 W. Washington St. Lexington, VA	54-0505977		19,680				•
(6) Rush University Medical Center 1700 W. Van Buren Chicago, It. 60612 (7) Nat'l Institutes of Health 6710B Rockledge Dr Bethesda, MD 20 (8) Hide and Seek Foundation 6475 E. Pacific Coast Hwy Long Beac (9) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 8 Medical Research Medical Research Medical Research 1700 W. Van Buren Chicago, It. 60612 Medical Resea	(5) Fordham University			~ ()				
1700 W. Van Buren Chicago, IL 60612 36-2174823 5,200 (7) Nat'l Institutes of Health	441 E Pordham Rd. Bronx, NY 10458	13-1740451		13,240				·
(7) Nat'l Institutes of Health 6710B Rockledge Dr Bethesda, MD 20 (8) Hide and Seek Foundation 6475 E. Pacific Coast Hwy Long Beach (9) (10) (11) (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Medical Research 4,406 Medical Research 4,406 Medical Research 1,406 Medical Research 1,406 Medical Research 1,406	(6) Rush University Medical Center							Medical Research
6710B Rockledge Dr Bethesda, MD 20 52-0858115 5,000	1700 W. Van Buren Chicago, IL 60612	36-2174823		5,200				
(8) Hide and Seek Foundation 6475 E. Pacific Coast Hwy Long Beach (9) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(7) Nat'l Institutes of Health							Medical Research
6475 E. Pacific Coast Hwy Long Beacl 95-4733266 4,406 (9) (10) (11) (11) (12) (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		52-0858115	646	5,000				
(10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								Medical Research
(10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		95-4733266		4,406				
(11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(9)	. 0						
(11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(10)		"					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	710							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(11)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(42)							
	(14)							
	2 Enter total number of section	501(c)(3) and (novernment organiz	l ations listed in the line	l 1 tahla			<u>Ι</u>
3 Enter total number of other organizations listed in the line 1 table		. , . ,	•					 0

Dana's Angels Research Trust Schedule I (Form 990) 2023

	Dago

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
Medical Research					4
	1	14,677			1
			. 0		
rt IV Supplemental Information. F	Provide the information re	aguired in Part Lline	2: Port III. column	(b): and any other addit	ional information
Supplemental information.	TOVIDE LITE IIIIOITIIALIOITIE	equiled in Fant I, line	E Z, Fait III, Coluilli	i (b), and any other addit	ionai imormation.
t I Line 2 All grants are approved by the trus	stees of the organization. All	recipients are required	d to keep detailed fina	incial and	
		133713131313131313131313131313131313131			
earch information as to the use of funds prov	vided by the organization an	d performance under t	he grant which is cor	sistent with the	
ed goals of the grant. Grant recipients are re	equired to provide periodic r	eports as well as a fina	al report stating the		
omplishments of the project and a final acco	ounting of the use of all fund	S			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public

Inspection

Name of the organization Employer identification number Dana's Angels Research Trust 51-6528048 Form 990, Part III, Line 4d: Program Service Expenses: 25,000, Grants and allocations: 25,000, Revenue: 0 Grant toward 2023 Adrabetadex EAP and IV Study Coordinator for NPC Patients at Yale New Haven Hospital Form 990, Part III, Line 4d: Program Service Expenses: 19,680, Grants and allocations 19,680, Revenue: 0 Grant to Washington and Lee University for summer internships in 3 lab studying NPC. Form 990, Part III, Line 4d: Program Service Expenses: 13,240, Grants and allocations 13,240, Revenue: 0 Grant to Fordham University for summer internships in 2 labs studying NPC Form 990, Part III, Line 4d: Program Service Expenses: 5,000, Grants and allocations: 5,000, Revenue: 0 Grant for NPC research in the lab of Dr. Forbes Porter at the NIH. Form 990, Part III, Line 4d: Program Service Expenses: 17,500, Grants and allocations: 17,500, Revenue: 0 Efavirenz clinical trial in Spain funding Form 990, Part III, Line 4d: Program Service Expenses: 4,406, Grants and allocations: 4,406, Revenue: 0 Researcher provided to NIH through Hide and Seek Foundation Form 990, Part III, Line 4d: Program Service Expenses: 5,200, Grants and allocations: 5,200 Revenue: 0 Rush University NPC Research Fund for Enolase Biomarker Study Drs. Berry Kravis and Porter (NIH) Form 990, Part III, Line 4d: Program Service Expenses: 5,918, Grants and allocations: 5,918, Revenue: 0 Research related meetings, travel and lodging and other expenses Form 990, Part III, Line 4d: Program Service Expenses: 10,953, Grants and allocations: 10,953, Revenue: 0 SOAR-NPC Collaborative conference expenses Form 990, Part IV, Section A, Line 2: Yes, trustees Philip Marella and Andrea Marella are husband and wife. Form 990, Part VI, Section B, Line 11b: Dana's Angels Research Trust circulates a draft copy of its Form 990 and schedules for review and approval prior to filing.

Form 990, Part VI. Section B. Line 12c; Dana's Angels Research Trust annually distributes a

Schedule O (Form 990) 2023	Page	2
Name of the organization	Employer identification number	
Dana's Angels Research Trust	51-6528048	
copy of its conflict of interest policy to trustees and key volunteers.		
Form 990, Part VI, Section C, Line 19: Dana's Angels Research Trust makes its governing		
documents, conflict of interest policy and Form 990s available in downloadable form on its		
website and they are available upon request.	A	
		