**	PUBL	IC D	ISCL	OSURE	COPY	**
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# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Form 990

OMB No. 1545-0047 <u>2023</u> **Open to Public** 

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to						
-	2.20	2023 calendar year, or tax year beginning and ending				
B Cl	neck if	C Name of organization	tification number			
X	Addre	THE DESMOID TUMOR RESEARCH FOUNDATION				
	Name		61-1493	017		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	And the state of the state of the			
	Final		914-262			
	termin	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	465,022.		
	Amen return		H(a) Is this a group			
	Applic tion		for subordina			
_	pendi	SAME AS C ABOVE	H(b) Are all subordinate			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	and the second second	h a list. See instructions		
	/ebsi		H(c) Group exemp			
			Year of formation: 2005	M State of legal domicile: NY		
Pa	rtl	Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGA SUPPORT MEDICAL RESEARCH FOR DESMOID TUMORS.	NIZATION RAL	SES FUNDS TO		
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net	assets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3 8		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 7		
se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5 7		
vitie	6	Total number of volunteers (estimate if necessary)		6 12		
<b>\cti</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.		
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.		
			Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)	1,022,315			
Revenue	9	Program service revenue (Part VIII, line 2g)	-	0.		
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,908			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,474			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	993,749			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,210			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	282,106			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0. 0.		
đx	b	Total fundraising expenses (Part IX, column (D), line 25) 85,216.	000 611	100 577		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	230,611			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	712,927			
	19	Revenue less expenses. Subtract line 18 from line 12	280,822			
Assets or Balances		the second se	Beginning of Current Yea			
sset	20	Total assets (Part X, line 16)	1,439,427			
A	21	Total liabilities (Part X, line 26)	37,123			
INet		Net assets or fund balances. Subtract line 21 from line 20	1,402,304	1,028,382.		
	art II	Signature Block		and the second ball of the		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		my knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		22/24		
		Signature of officer	Date	6761		
Sig			Duit			
Her	e	LYNNE HERNANDEZ, EXECUTIVE DIRECTOR Type or print name and title				
			Date Check	PTIN		
		Print/Type preparer's name Preparer's signature AURORA ROSADO AURORA ROSADO	10/16/24 if self-em			
Paid				41-0746749		
	arer	Firm's name CLIFTONLARSONALLEN LLP Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR	FIRM'S EIN	41-0/40/49		
Use	Only		Dhara	73_004 0404		
		LIVINGSTON, NJ 07039	Phone no. 2	973-994-9494		
-		RS discuss this return with the preparer shown above? See instructions		X Yes No		
LHA	Fo	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form <b>990</b> (2023)		



	990 (2023) THE DESMOID TUMOR RESEARCH FOUNDATION 61-1493017 Pag	<sub>e</sub> 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE DESMOID TUMOR RESEARCH FOUNDATION (DTRF) EMPOWERS AND UNITES	
	EVERYONE COMMITTED TO FINDING ANSWERS FOR THE DESMOID TUMOR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?Yes X	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 🗌 Yes 🚺	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 534,394. including grants of \$ 171,273. ) (Revenue \$	
4a		_)
	WE AGGRESSIVELY FUND DESMOID TUMOR RESEARCH, ACCELERATE THE DEVELOPMENT	
	OF IMPROVED THERAPIES, DRIVE COLLABORATIONS AMONG CLINICIANS AND	
	RESEARCHERS WORLDWIDE, AND SUPPORT PATIENTS AND DOCTORS THROUGH	
	EDUCATION. OUR GOAL IS TO FIND A CURE FOR EACH AND EVERY PATIENT	
	DIAGNOSED WITH THIS RARE DISEASE.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (revenue \$	_ '
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		_ ′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 534, 394.	
	Form <b>990</b> (20	)23)
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Form 990 (2					RESEARCH	FOUNDATION
Part IV	Checklist of R	equire	d Schedules	;		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes." <i>complete Schedule D</i> .			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	X	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<b>.</b>	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		000
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# Form 990 (2023) THE DESMOID TUMOR RESEARCH FOUNDATION Part IV Checklist of Required Schedules (continued) Continued) Continued 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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	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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	990 (2023) THE DESMOID TUMOR RESEARCH FOUNDATION 61-1493	017	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 7</b>			
b	filed for the calendar year ending with or within the year covered by this return 2a 7 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	┝──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├──
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.) <b>11b</b>			
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 12b			
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(0000)
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Form 990	(2023)
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	X

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	s No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	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		7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				_	X		
6	Did the organization have members or stockholders?			6	_	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			<u>7a</u>		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
-	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v			
a	The governing body?			8a		x		
b	Each committee with authority to act on behalf of the governing body?			. <b>8</b> b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		······	. 9		Δ		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	s No		
102	Did the organization have local chapters, branches, or affiliates?			10;		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				•	+		
D			, anniacos,	10				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11				
b								
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12	x			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y							
-	on Schedule O how this was done	,		120	x			
13	Did the organization have a written whistleblower policy?			10				
14	Did the organization have a written document retention and destruction policy?							
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15	1	X		
	Other officers or key employees of the organization			15	)	X		
	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 arrangen	nent w	ith a					
	taxable entity during the year?			16	1	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16	)			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, CA, CO, CT, I</u>	L,M	D,MI,MN,N	D,NJ	,NY	,PA		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(	3)s only	) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request X Other (explained)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	ind fina	ncial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records					
	CLIFTONLARSONALLEN LLP - 201-327-0400							
	50 TICE BLVD., WOODCLIFF LAKE, NJ 07677			-	00	) (0000)		
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES 7			Fo	m 991	<b>)</b> (2023)		
	1							

Form 990 (2023)	THE DESMOID TU			61-1493017	Page
Part VII Compensati	on of Officers, Directors	, Trustees, Key Em	ployees, Highest Co	ompensated	
Employees,	and Independent Contra	ctors			
Check if Schedu	le O contains a response or not	e to any line in this Part \	/11		[

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one			l than d	ne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	t con /ee	~	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEANNE WHITING	20.00				-	1 0				
PRESIDENT/EXECUTIVE DIRECT		x		x				82,500.	0.	0.
(2) BARARA ANN SELLINGER	2.00									
DIRECTOR		х						0.	Ο.	Ο.
(3) STEVE WHITING	2.00									
DIRECTOR		Х						0.	0.	0.
(4) NICOLE ZECHMANN DEICHERT	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MARIA CROCITTO	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JERRY MARCH	2.00									_
DIRECTOR		Х						0.	0.	0.
(7) RACHEL SITTA	2.00									-
DIRECTOR		Х						0.	0.	0.
(8) MARLENE PORTNOY	2.00									
CO-FOUNDER AND MAJOR GIFTS		х		X				0.	0.	0.
		-								
		1								
		1								
		1								
		•	•	•	•			•		Form 990 (2022)

332007 12-21-23

Form 990 (2023)

7

## 15591118 131839 A807993

		DID TUMC	R	RE	SE	AR	CH	F	OUNDATION	61-14	<u>93</u>	017	Pa	age <b>8</b>
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es, a	and	Hig	hest	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	box,	F not che unless cer and	s pers	tion nore t son is	both	an	(D) Reportable compensation	(E) Reportable compensation	n	an	(F) timate	
		week (list any hours for related organizations below line)	ndividual trustee or director	onal trustee			com pensated se	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		other compensation from the organization and related organizations		e on ed
						_								
					_	_								
					+	_								
1h	Subtotal								82,500.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			<u>.</u> 1	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	,		,			·	0		,	[	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mper	nsat	ion a	and	oth	er compensation from th	ne organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	satio	on fro	om a	any i	unrel	late	ed organization or individ	lual for services		5		х
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax ye		ensat			
	(A) Name and business	address	NC	)NE					(B) Description of s	ervices	С	(C ompei	;) nsatior	<u>ו</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to tl	hose 0		ed	above) who received mo	ore than			000 /	

Form **990** (2023)

332008 12-21-23

Part VIII         Statement of Revenue         (0) </th <th></th> <th></th> <th>(2023) THE DESMOID TUMOR</th> <th>RESEARCH FOUND</th> <th>DATION</th> <th>61-1493</th> <th>017 Page <b>9</b></th>			(2023) THE DESMOID TUMOR	RESEARCH FOUND	DATION	61-1493	017 Page <b>9</b>
(A)         Related or exempt burbleted operations of the second burblet operation burblet operations of the second burblet operation burblet operations of the second burblet operation burblet operations of the second burblet operation burblet operations op	Pa	rt V					
Total revenue         Pedated or exempt function evenue         Dimension business revenue         Fereina excludes business revenue           1 a b Membarihip due c         1a b Membarihip due c         1a b 18 2, 339. tot         1a b 12 3, 870. tot         1a b 12 3, 870. tot         396, 209.         Image: tot			Check if Schedule O contains a response or note to		(D)	(0)	
Interction revenue       tenction revenue         0				· · · ·			
and Federated campages       ta       <				i otal revenue			
Bot Membership dues         10 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>sections 512 - 514</td>							sections 512 - 514
Bot Membership dues         10 <td>ស ស</td> <td>1 :</td> <td>a Federated campaigns 1a</td> <td></td> <td></td> <td></td> <td></td>	ស ស	1 :	a Federated campaigns 1a				
Business Code         Image: Code	un a	1					
Business Code         Image: Code	Q P		c Fundraising events 1c 182,3	39.			
Business Code         Image: Code	ifts A						
Business Code         Image: Code	<u>با</u> ق						
Business Code         Image: Code	ŝŝ	1					
Business Code         Image: Code	her			70.			
Business Code         Image: Code	ĞĔ						
Business Code         Image: Code	- Nor			396,209,			
2 a	0.0						
92       0		•					
Image: Section of the sectin of the section of the section	/ice						
Image: Section of the sectin of the section of the section	ler,						
Image: Section of the sectin of the section of the section	S u S						
Image: Section of the sectin of the section of the section	grai Re						
Image: Section of the sectin of the section of the section	ŗõ						
3         Investment income (including dividends, interest, and other similar amounts)         61,045.         61,045.           4         Income from investment of tax-exempt bond proceeds         6         61,045.         61,045.           5         Royatties         0 <td>Δ.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Δ.						
other similar amounts)         61,045.         61,045.           4         income from investment of tax-exempt bond proceeds         61,045.         61,045.           5         Royaties         61,045.         61,045.           6         a Gross rents         6         6           b         Less: rental expenses         60         6           c         Rental income or (loss)         6c         7           7         a Gross amount from sales of assets ofter than inventory         7         7           b         Less: cost or other basis and sales cost or other basis and sales expenses         7         7           a         Gain or (loss)         7         7         7           b         Less: circle tayeneses         7         7         7           a         Gross income from fundrabing events (not including S inform fundrabing events (not including S inform formal gevents (not including S inform formal gevents (not including S inform formal gevents (not coss) from fundrabing events (not coss) from formal gevents (not coss) from fundrabing events (not including S inform formal gevents (not coss) from fundrabing events (not coss) from gaming activities. See Part IV, line 19         9         9           b         Less: circet expenses (geo S iform fundrabing events (not coss) from gaming activities							
4         Income from investment of tax-exempt bond proceeds		3		C1 045			C1 04F
5         Royatties         (i) Real         (ii) Personal           6 a         Gross rents         6 a         6 a         (ii) Personal           6 a         Gross rents         6 a         (iii) Personal         (iii) Personal           6 a         Gross anount from sales of assets other than inventory.         6 c         (iii) Personal         (iii) Personal           7 a         Gross anount from sales of assets other than inventory.         (i) Securities         (ii) Other         (iii) Personal         (iii) Personal           7 a         Gross anount from sales of assets other than inventory.         (iii) Securities         (iii) Other         (iii) Personal         (iii) Personal           a sests other than inventory.         To         To         To         To         To           6 G Gain or (loss)         To         To         To         To         To           8 a         Gross income from fundraising events         -131, 295.         -131, 295.         -131, 295.           9 a         Gross also of inventory.         Ba         Gross sales of inventory.         Ba         Gross sales of inventory.         Ba           9 a         Gross from gaming activities. See         Sec         Sec         Sec         Sec         Sec         Sec <tr< td=""><td></td><td>-</td><td>,</td><td> 01,045.</td><td></td><td></td><td>61,045.</td></tr<>		-	,	01,045.			61,045.
G a         Gross rents         Ga         (i) Feal         (i) Personal           b         Less: rental expenses         Gb							
6 a Gross rents         6a         a           b Less: rental expenses         6b         6c           c Rental income or (loss)         6c         6c           d Net rental income or (loss)         6c         6c           7 a Gross amount from sales of assets other than inventory         7a         7a           b Less: cost or other basis and sales expenses         7a         7a           c Gain or (loss)         7a         7a         7a           d Net gain or (loss)         7a         7a         7a           a Gross income from fundraising events (not including \$		5	Royalties				
b Less: rental expenses       6b         c Rental income or (loss)       6c         d Net rental income or (loss)       7a         a Gross amount from sales of assets other than inventory       7a         b Less: cost or other basis       7b         c Gain or (loss)       7b         c Gain or (loss)       7b         d Net gain or (loss)       7c         d Net gain or (loss)       7c         d Net gain or (loss)       7b         a Gross income from fundralsing events (not including \$\$182,339.of contributions reported on line 10). See       9a         Part IV, line 18       8a       0.         b Less: circle expenses       9b         c Net income or (loss) from fundralsing events       -131, 295.         9 a Gross income from gaming activities. See       9a         gain       9a         gain or (loss) from gaming activities       9a         gain or (loss) from gaming activities       9a         gain or (loss) from sales of inventory       9a         gain or (loss) from sales of inventory       0a         c Net income or (loss) from sales of inventory       0a         c Net income or (loss) from sales of inventory       0a         c All all other revenue       0000 99       7, 768. <td></td> <td></td> <td>(i) Real (ii) Persi</td> <td>ional</td> <td></td> <td></td> <td></td>			(i) Real (ii) Persi	ional			
c       Rental income or (loss)       Gc       Image: constraint of the set of the se		6 :					
d         Net rental income or (loss)         (i) Securities         (ii) Other           7 a         Gross amount from sales of assets other than inventory         iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       70       72         7 a Gross income from fundraising events (not including \$ 182,339. of contributions reported on line 1c). See Part IV, line 18       8a 0.       8a 0.         9 a Gross income from fundraising events (not including \$ 182,339. of contributions reported on line 1c). See Part IV, line 18       8a 0.       -131,295.         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       -131,295.         9 a Gross also of inventory, less returns and allowances       9a       9b       -131,295.         10 a Gross also of inventory, less returns and allowances       10a       10a       10a         1 a GOTHER INCOME       9a       9a       9a       9a         9 Under the revenue       -       -       -       -         1 a GOTHER INCOME       90 0099       7,768.       7,768.         1 a Total Add lines 11a:11d       7,768.       -       -       -         1 a Total revenue. See instructions       333,727.       0.       0.       -       -			c Rental income or (loss) 6c				
assets other than inventory b       Ta       Ta         b       Less: cost or other basis and sales expenses and sales expenses       Ta       Ta         c       Gain or (loss)       Tc       Tc         d       Net gain or (loss)       Tc       Tc         d       Net gain or (loss)       Tc       Tc         b       Less: cost or other basis and sales expenses       Tc       Tc         d       Net gain or (loss)       Tc       Tc         d       Net income or (loss) from fundraising events       -131, 295.       -131, 295.         9       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b       Less: direct expenses       9b       9b       See       -131, 295.         9       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a       9a         10       a Gross sales of inventory, less returns and allowances       10a       10a       10a       10a         10       a Gross income or (loss) from sales of inventory       Business Code       900099       7, 768.       7, 768.         900099       7, 768.       10a       10a       10a       10a       10a         11       a OTHER							
B       Less: cost or other basis and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         a       Gross income from fundraising events (not including \$182,339. of contributions reported on line 1c). See Part IV, line 18       8a       0.         b       Less: direct expenses       Bb131,295.       -131,295.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a         b       Less: correct or goods from gaming activities. See Part IV, line 19       9a         b       Less: correct or (loss) from gaming activities. and allowances       0a         b       Less: corst of goods sold       10a         c       Net income or (loss) from sales of inventory       Eusiness Code         b		7 :	a Gross amount from sales of (i) Securities (ii) Oth	her			
and sales expenses       7b         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c       7c         d       Net gain or (loss)       7c       7c       7c         d       Net gain or (loss)       7c       7c       7c         d       Net gain or (loss)       8a       Grass income from fundraising events (not including \$\$       182, 339. of contributions reported on line 1c). See Part IV, line 18       8a       0.         b       Less: direct expenses       8a       0.       9a       9a       9a       9a         b       Less: direct expenses       9b       9b       9b       9b       9b       9b       9b       9c       131, 295.       131, 295.         0 a       Grass sales of inventory less returns and allowances       9b       9b       9c       9b       9c       9c         10 a       Grass sales of inventory, less returns and allowances       10a       10a       900.099       7, 768.       7, 768.         b       C       C       C       C       C       C       C       C         11 a       OTHER INCOME       Business Code       0       0       0       0<			assets other than inventory <b>7a</b>				
end       C       Gain or (loss)       Tc       C         d       Net gain or (loss)		I	b Less: cost or other basis				
a       Net gan or (loss)	Ine						
a       Net gan or (loss)	ven		c Gain or (loss)				
contributions reported on line 1c). See       Ba       0.         b Less: direct expenses       Bb 131, 295.       -131, 295.         c Net income or (loss) from fundraising events       -131, 295.       -131, 295.         9 a Gross income from gaming activities. See       9a       9b       -131, 295.         c Net income or (loss) from fundraising events       -131, 295.       -131, 295.         9 a Gross income from gaming activities. See       9a       9b       -131, 295.         c Net income or (loss) from gaming activities.       9b       -131, 295.       -131, 295.         10 a Gross sales of inventory, less returns and allowances       10a			d Net gain or (loss)				
contributions reported on line 1c). See       Ba       0.         b Less: direct expenses       Bb 131, 295.       -131, 295.         c Net income or (loss) from fundraising events       -131, 295.       -131, 295.         9 a Gross income from gaming activities. See       9a       9b       -131, 295.         c Net income or (loss) from fundraising events       -131, 295.       -131, 295.         9 a Gross income from gaming activities. See       9a       9b       -131, 295.         c Net income or (loss) from gaming activities.       9b       -131, 295.       -131, 295.         10 a Gross sales of inventory, less returns and allowances       10a	Jer	8 8					
Part IV, line 18       Ba       0.         b Less: direct expenses       Bb131,295.       -131,295.         c Net income or (loss) from fundraising events       -131,295.       -131,295.         9 a Gross income from gaming activities. See Part IV, line 19       9a       -131,295.         b Less: direct expenses       9a       9b       -131,295.         c Net income or (loss) from gaming activities       9a       -131,295.       -131,295.         10 a Gross sales of inventory, less returns and allowances       10a       -10a       -10a         b Less: cost of goods sold       10b       -10b       -10a       -10a         c Net income or (loss) from Sales of inventory       8usiness Code       -10a       -10a         b Less: cost of goods sold       10b       -10b       -10a       -10a         c All other revenue       900099       7,768.       7,768.       -10a         c All other revenue       -10a       -10a       -10a       -10a         c All other revenue       -10a       -10a       -10a       -10a         c All other revenue       -10a       -10a       -10a       -10a         c - 112       Total revenue. See instructions       3333, 727.       0.       0.       -62, 482.	₹		including \$ 182,339. of				
b       Less: direct expenses       Bb 131, 295.         c       Net income or (loss) from fundraising events       -131, 295.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         9 b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       9a         9 a       9b       9b         c       Net income or (loss) from gaming activities       0a         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Business Code         9       900099       7, 768.       7, 768.         c       All other revenue			contributions reported on line 1c). See				
b       Less: direct expenses       Bb [131, 295.         c       Net income or (loss) from fundraising events       -131, 295.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities			Part IV, line 18				
9 a Gross income from gaming activities. See       9a       9a         9 b Less: direct expenses       9b       9b         c Net income or (loss) from gaming activities       0a       0a         10 a Gross sales of inventory, less returns and allowances       10a       0a         b Less: cost of goods sold       10b       0a         c Net income or (loss) from sales of inventory       8usiness Code       0a         b Less: cost of goods sold       10b       0b       0a         c Net income or (loss) from sales of inventory       0a       0b       0b         c Net income or (loss) from sales of inventory       0a       0b       0b         c All other revenue       7,768.       7,768.       0.         d All other revenue       7,768.       0.       0.       -62,482.		1	b Less: direct expenses	95.			
Part IV, line 19       9a       9b       9b<			c Net income or (loss) from fundraising events	-131,295.			-131,295.
Part IV, line 19       9a       9b       9b<		9 :	a Gross income from gaming activities. See				
b       Less: direct expenses       9b       Image: state of the			Part IV, line 19				
c       Net income or (loss) from gaming activities       Image: construction of the second o							
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         11 a OTHER INCOME       900099         b c       900099         c All other revenue       0         e Total. Add lines 11a-11d       7,768.         12 Total revenue. See instructions       333,727.							
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         11 a       OTHER INCOME         b       Business Code         c       900099         c       7,768.         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions		10 :					
b       Less: cost of goods sold       10b       Image: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Business Code       Image: cost of goods sold       Image: cost of goods sold sold       Image: cost of goods sold sold sold sold sold sold sold							
c Net income or (loss) from sales of inventory         Business Code       7,768.         11 a       OTHER INCOME       900099       7,768.         b       -       -       -         c       -       -       -         d All other revenue       -       -       -         e       Total Add lines 11a-11d       -       7,768.         12       Total revenue. See instructions       333,727.       0.       0.       -<62,482.							
Business Code         Image: Code state			J				
11 a       OTHER INCOME       900099       7,768.       7,768.         b							
e Total. Add lines 11a-11d         7,768.           12 Total revenue. See instructions         333,727.         0.         0.         -62,482.	snc	11 :					7,768.
e Total. Add lines 11a-11d         7,768.           12 Total revenue. See instructions         333,727.         0.         0.         -62,482.	nec			,,			<u> </u>
e Total. Add lines 11a-11d         7,768.           12 Total revenue. See instructions         333,727.         0.         0.         -62,482.	ella						
e Total. Add lines 11a-11d         7,768.           12 Total revenue. See instructions         333,727.         0.         0.         -62,482.	Be						
12         Total revenue. See instructions         333,727.         0.         0.         -62,482.	Σ						
				000 000	0.	0.	-62.482
	33200						

THE DESMOID TUMOR RESEARCH FOUNDATION 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 respons	(A)		<u> </u>	<u></u>
		(~)	(D) I	(C)	(D)
10,	8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	171,273.	171,273.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	82,500.	63,206.	7,910.	11,384.
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	234,278.	179,489.	22,462.	32,327.
8	Pension plan accruals and contributions (include		, 10, 10, 1		
0	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	26,824.	19,842.	3,433.	3,549.
		2,197.	1,102.	845.	250.
10	Payroll taxes	4,17,0	±,±02•	0-1.0-	230.
11	Fees for services (nonemployees):				
	Management				
b		29,000.	3,000.	26,000.	
С	Accounting	29,000.	3,000.	20,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	40 550	25 654	0 405	10 500
	column (A), amount, list line 11g expenses on Sch 0.)	48,578.	35,651.	2,425.	10,502.
12	Advertising and promotion				
13	Office expenses				
14	Information technology	54,278.	45,333.	7,520.	1,425.
15	Royalties				
16	Occupancy	1,823.	124.	566.	1,133.
17	Travel	11,262.	11,183.	79.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,295.		7,295.	
24	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OPERATIONS	27,908.	2,875.	7,823.	17,210.
b	MISCELLANEOUS	10,175.	1,058.	1,681.	7,436.
5	EVENT AND PERFORMANCE E	192.	192.		,,100.
d	BUSINESS MEALS AND ENTE	66.	66.		
	All other expenses	707,649.	534,394.	88,039.	85,216.
25	Total functional expenses. Add lines 1 through 24e	101,049.	554,554.	00,039.	03,410.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			1		
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023

15591118 131839 A807993

1,402,304.

1,439,427.

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1,028,382.

1,034,489.

Form 990 (2023)

THE DESMOID TUMOR RESEARCH FOUNDATIC	THE	DESMOID	TUMOR	RESEARCH	FOUNDATION
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Check if Schedule O contains a response or note to any line in this Part X

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

**(B)** End of year (A) Beginning of year 1 Cash - non-interest-bearing 181,261. 47,621. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 1,703. 9,896. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 1,255,963. 976,972. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 500. 0. Other assets. See Part IV, line 11 15 1,439,427. 1,034,489. Total assets. Add lines 1 through 15 (must equal line 33) 16 37,123. 6,107 Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 37,123. 6,107. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 1,002,304. 700,981. 27 Net assets without donor restrictions Net assets with donor restrictions 400,000. 327,401. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29

61-1493017 Page 11

Form 990 (2023) Part X Balance Sheet

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Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2023) THE DESMOID TUMOR RESEARCH FOUNDATION	61-1	1493017	Page	e <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,72	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,64	
3	Revenue less expenses. Subtract line 2 from line 1	3	-373		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,402	2,30	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,028	3,38	\$2.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A	١
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(Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to ww					ttach to Form 990 or Fo Form990 for instruction		Open to Public Inspection				
Name	e of t	the organizati	on	-					Employer	identification number	
			THE	DESMOID TU	MOR RESEARCH	FOUNI	DATIO	N	6	1-1493017	
Par	t I	Reason			(All organizations must c						
The o	raan				For lines 1 through 12, c						
1					on of churches described			1)(A)(i).			
2					Attach Schedule E (Forn			• \( • \( • \( • \) •			
3					anization described in s		<u>)/h//1///ii</u>	ii)			
4			•		njunction with a hospital				(iiii) Enter	the hospital's name	
- L		city, and stat	•		njunotion with a noopital	accombod				the hoopital o hamo,	
5 [		•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental	nit describe	ed in	
0						or operat	ou by u ge				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
• -				complete Part II.)		onna govo	Similar		ic general p		
8					(1)(A)(vi). (Complete Par	+ 11 \					
9		-			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college	
<b>J</b>					ulture (see instructions).						
		university:		grant conege of agric			name, eny	, and state of	the college		
10	X		ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from	
					t to certain exceptions;						
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)									
11 [					ively to test for public sa	fatu Saa	section 5	09(a)(4)			
12		-	-	-	ively for the benefit of, to	•			rny out the	nurnoses of one or	
					ed in section 509(a)(1)						
					f supporting organization						
2		-			upervised, or controlled					aivina	
а				-	gularly appoint or elect a	• • •	-				
			-	complete Part IV, Se	• • • •	majonty c				ipporting	
b		-			l or controlled in connect	ion with it	e supporte	od organizatio	n(c) by boy	ina	
U					anization vested in the s						
			•	at complete Part IV,		ame perso	ins that co		ge the supp	Joned	
с		- ·			g organization operated	in connoc	tion with	and functions	lly intograto	od with	
C			-		). You must complete l				ily integrate	a with,	
d		¬ ··	0		orting organization oper			-	rtod organiz	zation(s)	
u			-		zation generally must sat				-		
			-		mplete Part IV, Sections	-		-		1611655	
е		-			written determination fro						
e			•		nally integrated supporti			турет, туре	п, туре п		
f	Ento	er the number		·							
				n about the supporte	ad organization(s)						
		(i) Name of supp	-	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)	
					above (see instructions))	100					

	(Form 990)	2020				FOUNDATION	61-1493017	Page <b>2</b>
Part II	Support	Schedule for Org	anizations D	escribed	in Sections 1	70(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		L	1		1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12		etc. (see instructi	nns)			12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax			
	organization, check this box and <b>sto</b>	•			•		
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2023. If the					nore, check this	s box and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th		-				
	organization meets the facts-and-circl				•		
18	Private foundation. If the organization						
							e A (Form 990) 2023

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#### THE DESMOID TUMOR RESEARCH FOUNDATION 61-1493017 Page 3 Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	696,264.	493,837.	743,612.	1022315.	396,209.	3352237.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	696,264.	493.837.	743,612.	1022315.	396,209.	3352237.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
с	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						3352237.	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	696,264.	493,837.	743,612.	1022315.	396,209.	3352237.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,012.	6,952.	70.	4,908.	61,045.	94,987.	
b	Unrelated business taxable income	22,012.	0,992.		4,500.	01,043.	54,507.	
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b	22,012.	6,952.	70.	4,908.	61,045.	94,987.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital			1,000.		7,768.	8,768.	
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	718,276.	500,789.	744,682.	1027223.	465,022.	3455992.	
	First 5 years. If the Form 990 is for th				ear as a section 5		n,	
				, ,		()()		
Sec	ction C. Computation of Publi							
15	Public support percentage for 2023 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	97.00 %	
	Public support percentage from 2022					16	99.01 %	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	<b>23</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.75 %	
	Investment income percentage from 2		18	.96 %				
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did n	ot check the box c	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
	more than 33 1/3%, check this box ar						X	
b	33 1/3% support tests - 2022. If the							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst			
33202	23 12-21-23					Schedule A	(Form 990) 2023	

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<sup>16</sup> 

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3a

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3c

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4b

4c

5a

5b

5c

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9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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#### 61-1493017 Page 5 THE DESMOID TUMOR RESEARCH FOUNDATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

1 4				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		l
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled	the supporting	ng organization.	
Section C. Ty	pe II Supp	orting Ord	anizations	

Ī

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section 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 instructions)	).
	$\Box$		,

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c The organization supported a govern	ental entity. Describe in Part VI how you supported a governmental entity (see instructions).
---------------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 THE DESMOID TUMOR RESEA			61-1493017 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	•	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	anization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Sche	edule A	(Form	990)	2023

#### THE DESMOID TUMOR RESEARCH FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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Scheduk Part V	<b>I</b> Sup Part line 1 Sect	<b>plem</b> IV, Sec I; Part ion D, I	<b>tion A</b> , I IV, Secti	I <b>nform</b> ines 1, 2 on D, lir	1 <b>ation</b> 2, 3b, 30 nes 2 ar	• Prov c, 4b, nd 3; F	vide the 4c, 5a, 6 Part IV, S	explanati 5, 9a, 9b, section E,	ons requi 9c, 11a, lines 1c,	red by 11b, an 2a, 2b	Part II, nd 11c; , 3a, ar	Part IV, Se d 3b; Part	ATION art II, line 17 ection B, line V, line 1; Pa for any add	a or 17b; es 1 and : art V, Sec	Part III, lin 2; Part IV, 3 tion B, line	Section C,	<u>e 8</u>
SCHEI	DULE	A, 1	PART	III	, LI	NE	12,	EXPLA	NATI	ON F	OR	OTHER	INCOM	E:			
MISCI	ELLAN	EOU	S INC	COME													
2021	AMOU	NT:	\$	1,0	00.												
2023	AMOU	NT:	\$	7,7	68.												
																_	
332028 12-			7 Q Q 7					~	21		0					Form 990) 2	

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

# 2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE DESMOID TUMOR RESEARCH FOUNDATION	THE	DESMOID	TUMOR	RESEARCH	FOUNDATION	
---------------------------------------	-----	---------	-------	----------	------------	--

61-1493017

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

THE DESMOID TUMOR RESEARCH FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 10,060. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 5,601. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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323452 12-26-23

Employer identification number

61-1493017

Name of organization

#### THE DESMOID TUMOR RESEARCH FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Employer identification number

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Schedule	B (Form 990) (2023)		Page 4						
Name of c	organization		Employer identification number						
THE D	ESMOID TUMOR RESEARCH F(	DUNDATION	61-1493017						
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	ift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
323454 12-2	6-23		Schedule B (Form 990) (2023)						

## 15591118 131839 A807993

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outsi	de the
	United States.					
3		ne following Part	I, line 3 table ca	n be duplicated if additional space is n		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
			in the region	recipients located in the region)		in the region
3 a	Subtotal	0	0			0.
	Total from continuation					
2	sheets to Part I	0	0			0.
~	Totals (add lines 3a					
U	and 3b)	0	0			0.
For	Paperwork Reduction Ac			or Form 990	Schodulo 5 /	Form 990) 2023
		r Nouce, see th			Schedule F (	Form 990) 2023
	220071 11 00 00					
∟⊓A	332071 11-29-23			26		

## THE DESMOID TUMOR RESEARCH FOUNDATION

61-1493017 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

LNA 33207	1 11-29-23	
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# **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.



Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

|--|

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RESEARCH GRANT	34,923.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH GRANT	65,000.		0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH GRANT	12,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

	(Form 990) 20		DESMOID	TUMOR	RESEARCH	FOUNDATION	61-1493017	Page 4
Part IV	Foreign F	orms						

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

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F	(Form 990) 2023	THE DESMOID	TUMOR	RESEARCH	FOUNDATION	61-1493017	Page 5
Part V	Supplementa	al Information					
	Provide the inform	mation required by Part I	line 2 (moni	toring of funds); F	Part I, line 3, column (f) (ad	ccounting method; amounts of	
	investments vs. e	expenditures per region);	Part II, line 1	(accounting met	nod); Part III (accounting	method); and Part III, column (c)	
	(estimated numb	er of recipients), as appli	cable. Also c	omplete this part	to provide any additional	information. See instructions.	
	· ·			· · · · ·	· · ·		
2075 11-29-2	23					Schedule F (Form 9	90) 202
				30		-	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivitie	es o	DMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				r 19, or	if the	2023		
Department of the Treasury	ŭ	rganization entered more than \$15 Attach to Form 990 o						Open to Public		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization								ntification number		
THE DESMOID TUMOR RESEARCH FOUNDATION         61-1493017           Part I         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
required to complete this part.										
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		<b>Yes</b> aiser is to be			
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to ( from activity		iount paid etained by) draiser in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
Total				I						
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exe	mpt from re	gistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 F7 lines 1 and 6b. List events with gross ceints greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				SWING FOR A		(add col. (a) through
			RFA	CURE	3	
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	70,192.	48,706.	63,441.	182,339.
	2	Less: Contributions	70,192.	48,706.	63,441.	182,339.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses		Rent/facility costs				
Direct Expenses						
Direct	7	Food and beverages				
		Entertainment Other direct expenses		26,374.	74,877.	131,296.
		Direct expense summary. Add lines 4 through				131,296.
		Net income summary. Subtract line 10 from li	· · · · · · · · · · · · · · · · · · ·			-131,296.
	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ве	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%		<b>Yes</b> %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	Q	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	not gaming moorne summary. Subtract lifte /				1
a	Ent	ter the state(s) in which the organization condu	icts daming activities:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				
0a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b	lf "`	Yes," explain:				
200	2 00	- 13-23			Saha	dule G (Form 990) 2023
	_ 03				oone	

Sch	edule G (Form 990) 2023	THE	DESMOID	TUMOR	RESEARCH	FOUNDATION	61-1	49301	7 Page <b>3</b>
11	Does the organization conduct g	aming act	tivities with non	members?				Yes	No
12	Is the organization a grantor, ben	eficiary o	r trustee of a tru	ist, or a mei	mber of a partners	hip or other entity form	ied		
	to administer charitable gaming?							Yes	No
13	Indicate the percentage of gamin	g activity	conducted in:						
	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of the	ne person	who prepares t	he organiza	ition's gaming/spe	ecial events books and	records:		
	Name								
	Address								
15a	Does the organization have a cor	ntract with	n a third party fr	om whom tl	he organization re	ceives gaming revenue	?	🗌 Yes	No No
h	If "Yes," enter the amount of gan	nina rever	ue received by	the organiz	ation \$	and t	he amount		
D	of gaming revenue retained by th			the organiz					
с	If "Yes," enter name and address	-	-						
-									
	Name								
	Address								
16	Gaming manager information:								
10	Gaming manager information.								
	Name								
	Gaming manager compensation	\$		_					
	Description of services provided								
	Director/officer	En En	nployee	lr Ir	ndependent contra	actor			
17	Mandatory distributions:								
а	Is the organization required unde	r state lav	w to make chari	table distrib	utions from the ga	aming proceeds to		<b>—</b>	<b>—</b>
	retain the state gaming license?							└── Yes	No No
b	Enter the amount of distributions				buted to other exe	empt organizations or s	pent in the		
Pa	organization's own exempt activi rt IV Supplemental Info			\$ xolanations	required by Part I	line 2b. columns (iii) a	nd (v): and Pa	rt III lines 9	9b 10b
	15b, 15c, 16, and 17b, a							rt III, III 00 0,	00, 100,
	,,								
_									
33208	33 09-13-23				33		Sched	ule G (Form	n 990) 2023
					<u> </u>				

Schedule G	(Form 990) Supplemental Infor	THE	DESMOID	TUMOR	RESEARCH	FOUNDATION	61-1493017	Page 4
Part IV	Supplemental Infor	mation	(continued)					
							Schedule G (Fo	orm 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
Name of the organization								Employer identification number		
			RESEARCH FO	UNDATION				61-1493017		
	rmation on Grants a									
-	ard the grants or assis	tance?	-			-	stance, and the selection			
Part II Grants and C	Other Assistance to I	Domestic Organiz		<b>Governments.</b> C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and addre or govern		<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
STANFORD UNIVERSITY 450 JANE STANFORD W. STANFORD, CA 94305		94-1156365	501C3	30,000.	0.			RESEARCH GRANT		
CHILDREN'S HOSPITAL 4650 SUNSET BLVD	LOS ANGELES									
LOS ANGELES, CA 900.	27	95-1690977	501C3	29,000.	0.			RESEARCH GRANT		
2 Enter total number	of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•		•	2.		

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

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

Schedule I (Form 990) 2023

### Schedule I (Form 990) 2023 THE DESMOID TUMOR RESEARCH FOUNDATION

61-1493017

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	(b) Number of recipients	(b) Number of recipients       (c) Amount of cash grant         Image: Constraint of the second s	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance         Image: Image	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



THE DESMOID TUMOR RESEARCH FOUNDATION

Employer identification number 61-1493017

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

JEANNE WHITING (EXECUTIVE DIRECTOR) AND STEVE WHITING (BOARD MEMBER) ARE

MARRIED.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO OTHER COMMITTEES THAT CAN ACT ON BEHALF OF THE BOARD OF

DIRECTORS.

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

OFFICERS REVIEW THE TAX RETURN PRIOR TO ELECTRONIC FILING BY THE

ACCOUNTANT.

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

THE ORGANIZATION REVIEWS THE POLICY ANNUALLY TO DETERMINE IF ANY CONFLICTS

OF INTEREST HAVE ARISEN.

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

AL, CA, CO, CT, IL, MD, MI, MN, ND, NJ, NY, PA, RI, TN, UT

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AND OTHER TAX DOCUMENTS AVAILABLE UPON

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

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

 LHA
 332211 11-14-23

Schedule O (Form 990) 2023

37

Name of the organization

### FORM 990, PART XII, LINE 2C:

#### THE FINANCIAL REPORTING OVERSIGHT PROCESS HAS NOT CHANGED FROM THE

PRIOR YEAR.

Schedule O (Form 990) 2023

332212 11-14-23

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
<u> Part I - Io</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)				
Print						
	THE DESMOID TUMOR RESEARCH	FOUND	ATION	61-1493017		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
filing your return. See	C/O CLA LLP, 50 TICE BLVD,	175				
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	WOODCLIFF LAKE, NJ 07677					
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	ŀPF	04	Form 6069			11
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	I-T (trust other than above)	06	Form 5330 (individual)			13
	)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
<ul> <li>After yo</li> </ul>	ou enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable c	only for an	extension of	•
time to fil	e Form 5330.					
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Pla	n Name		Ū.			
	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
Part II - A	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
	ooks are in the care of CLIFTONLARSONALL					
	50 TICE BLVD W	VOODCI	IFF LAKE, NJ 07677			
Teleph	none No. 201-327-0400		Fax No			
• If the c	organization does not have an office or place of business	s in the Uni				
	is for a Group Return, enter the organization's four-digit					
	If it is for part of the group, check this box					
<b>1</b> Ire	quest an automatic 6-month extension of time until $$ $$ N	OVEMBI	ER 15 , 20 <b>24</b> , to file	e the exem	npt organization	return for
the	organization named above. The extension is for the organization	anization's				
Х	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a Ifth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and			
	imated tax payments made. Include any prior year overp	-		3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.