Extended to November 15, 2021 **Short Form**

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Content of organization Cicatricial Alopecia Research Foundation Cicatricial Research Foundati	Ā	For the	e 2020 cal	endar year, or tax year beginning	and ending			
Address change Investment necessary Inv	R	Check it	f		and onling	D Fmn	lover ide	entification number
International Property Cicatricial Alopecia Research Foundation 20 - 2049037		\neg		Vitamo of organization		Dp	ioyo: iu	
Number and street (or P.D. box if mail is not delivered to street address)	F	=		Ciastriais 1 Nonegia Degesman Founda	++	20	.	40027
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The content of the	F	— Final	return/	,				
Septimin receive Kulpsville PA 19443	Ļ	term	inated		μ322			
Recounting Method:	Ļ	Ame	nded return				•	ption
Website: Wrow.carfintl.org	\perp							
Tax-exempt status (check only one)						H Che	ck 🕨	if the organization is
Note			_			not	required	I to attach Schedule B
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990. The second form 1901. The Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	<u>J</u>	Tax-ex	empt stat	us (check only one) $ X$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or 527	(For	m 990, 9	990-EZ, or 990-PF).
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	K	Form o	of organiza	tion: $oxed{X}$ Corporation $oxed{\square}$ Trust $oxed{\square}$ Association $oxed{\square}$ Othe	r			
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)	L	Add Iir	nes 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e, or if total assets (Part I	l,		
Check if the organization used Schedule O to respond to any question in this Part I		columi	n_(B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	136,046.
1 Contributions, gifts, grants, and similar amounts received 2 Fogram service revenue including government fees and contracts 2 53 , 208 .	P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Bal	ances (see the instru	ictions 1	for Part	l)
1 Contributions, girts, grants, and similar amounts received 2 Frogram service revenue including government fees and contracts 2 53 , 208 .			- Check	if the organization used Schedule O to respond to any question in this Part I				X
2 Program service revenue including government fees and contracts 2 53,208.		1						
3 Membership dues and assessments 3 4 Investment income 4 Investment income 5 6 Gross amount from sale of assets other than inventory 5 5 5 5 5 5 5 5 5								
Sa Since		1						
Sa Gross amount from sale of assets other than inventory Sa Sb Sb Sc Sb Sb Sc Sb Sc Sb Sc Sb Sc Sb Sc Sb Sc Sc								
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1,2,3,4,5c,6d,7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16, 103. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Let assets or fund balances at end of year. Combine lines 18 through 20		1 1		1	1		7	
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11 Benefits paid to or for members 11		10	Grants a	nd similar amounts paid (list in Schedule 0)			10	
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 100,860. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 4,303. 16 Other expenses (describe in Schedule O) See Schedule O 16 24,578. 17 Total expenses. Add lines 10 through 16 17 129,741. 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 6,305. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,103. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 22,408. 22 23,408.		11					11	
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Pa	art II	Balance Sneets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	ond to any quest				
				(A) Beginning of year		(B) E	nd of year
22	Cash	, savings, and investments		16,103.	22		22,398.
23	Land	and buildings r assets (describe in Schedule 0) See Schedule O			23		
24	Othe	r assets (describe in Schedule 0) See Schedule O		0.			10.
25		assets		16,103.	25		22,408.
26	Total	l liabilities (describe in Schedule 0)		0.			0.
27	Net a	assets or fund balances (line 27 of column (B) must agree with line 21)		16,103.	27		22,408.
Pa	art III	Statement of Program Service Accomplishmen	ts (see the instru	uctions for Part III)			penses
		Check if the organization used Schedule O to resp	ond to any quest	ion in this Part III	X		for section and 501(c)(4)
Wha	t is the	organization's primary exempt purpose? See Schedule O					ons; optional for
Desc	ribe the c	organization's program service accomplishments for each of its three largest program se	rvices, as measured by exper	nses. In a clear and concise		others.)	, .
mann	er, descr	ibe the services provided, the number of persons benefited, and other relevant informati	ion for each program title.				
28	<u>See</u>	Schedule O					
	(Grant	s \$) If this amount includes foreign g	rants, check here	>		28a	97,591.
29	See	Schedule O					
	(Grant	s \$) If this amount includes foreign g	rants, check here	>		29a	5,002.
30							
	(Grants	s \$) If this amount includes foreign g	rants, check here	>		30a	
31	Other						
	(Grant					31a	
					. •	32	102,593.
Pa	art IV	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Er	nployees (list each	one even if not compensated - se	ee the i	nstructions for	r Part IV)
		Check if the organization used Schedule O to resp					X
			(b) Average hours			alth benefits,	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	ributions to byee benefit	amount of other
		, ,	position	(if not paid, enter -0-)		and deferred pensation	compensation
Ri	ta Z	A. Wanser					
$\overline{\mathtt{Ch}}$	airı	man	1.00	0.		0.	0.
Wi	1ma	F. Bergfeld, MD					
		President	0.25	0.		0.	0.
$\overline{\mathtt{Ch}}$	ris	tine Janus					
		urer	0.25	0.		0.	0.
		e E. Rogers, MD					
		tary	0.25	0.		0.	0.
		w F. Alexis, MD, MPH		-			-
	rec		0.25	0.		0.	0.
		ine Bernstein					• •
	rec		0.25	0.		0.	0.
		K. Hordinsky, MD	0120				
	rec		0.25	0.		0.	0.
		da Lenzy, MD, MPH	0123				
	rec		0.25	0.		0.	0.
		J. O'Connell					·
	rec		0.25	0.		0.	0.
		nne Senna, MD	0.23	•			· ·
	rec		0.25	0.		0.	0.
			0.43	0.		<u> </u>	· ·
		Pickford	10.00			^	E0 020
		tive Director	10.00	0.		0.	50,020.
		Olsen	0 05			^	_
	rec		0.25	0.		0.	0.
0321	72 01-08	3-21				Form	990-EZ (2020)

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacktriangle$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed \triangleright CA, PA	4 2	450	
42 a	The organization's books are in care of \blacktriangleright Jean R. Pickford Telephone no. \blacktriangleright 310-80	<u>1-3</u>	<u>450</u>	
	Located at ► 1586 Sumneytown Pike, Kulpsville, PA ZIP+4 ► 1	944	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No x
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4.0		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country Section 4047(a)(4) pergraphs shortbly trusts filing Form 900 F7 in liquid Form 4044. Check have			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🟲	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
	Did the constitution of the form of the decision the constitution of the constitution		162	140
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44.		v
	Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	441		v
_	of Form 990-EZ	44b	$\vdash \vdash \vdash$	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	443		
45	in Schedule 0	44d		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45.		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b Form 9	00.53	(0000)
		corm 9	MU-F/ (フロフロ

								_	Ye	s No
46	Did the or	ganization engage, directly or indirectly, in poli	itical campaign activitie	s on behalf of or i	n opposition to d	andidates for p	ublic offic	e?		
_								4	16	X
Pa	-	Section 501(c)(3) Organizations	=							
		All section 501(c)(3) organizations must a								
		Check if the organization used Schedule	O to respond to any	question in this	Part VI				Ye	s No
47	Did the or	ganization engage in lobbying activities or have	a a caction 501/h) alact	ion in affact durin	ng the tay year? It	F "Vac " complet	a Sch C	Dart II	17	X
48		anization a school as described in section 170(18	X
		ganization make any transfers to an exempt no							9a	X
		ras the related organization a section 527 organ							9b	
50	Complete	this table for the organization's five highest co 0,000 of compensation from the organization. It	mpensated employees	(other than office					received	more
		(a) Name and title of each employee	· · · · · · · · · · · · · · · · · · ·	(b) Average	hours	(C) Reportable		th benefits,	(e) Esti	mated
				per week de	voicu io v	pensation (Forms /-2/1099-MISC)	employe	utions to ee benefit	amount	
		NON	E	positio	on			nd deferred ensation	comper	isation ———
							-			
	Total num	ber of other employees paid over \$100,000					1			
51		this table for the organization's five highest co	mnensated independen		each received m	ore than \$100	nnn of co	mnensatio	n from th	P
•		on. If there is none, enter "None." NON		it contractors who	, , , , , , , , , , , , , , , , , , , ,	ισιο τημη φ του,	000 01 00	тропоцио		O
		ame and business address of each independen			(b) Type	of service		(c) Co	mpensati	on
	· /	·			` , , , ,			, ,	•	
	Tatal	the second section of the sect	-: ··- · · · · · · · · · · · · · · · · ·							
		ber of other independent contractors each reco		tions must attack						
52		ganization complete Schedule A? Note: All sec d Schedule A						► X	Yes	No
Linda		o Schedule A					et of my l			
	-	nd complete. Declaration of preparer (other that	·				-	Milowicago	and bond	1, 11 13
1140,	0011001, 41	a complete. Becommend of property (emor than	in onloor, to bacoa on a	i iii oi iii di di di	mon properor ne	o uny knowloug	Ī			
Sig	n 🚩	Signature of officer					Date			
Her		, Rita A. Wanser, Cha:	irman							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if[PTIN		
Pai	d					self- emplo	·			
	parer	Jason L. Gierhahn			10/15/2			P023		5
	e Only	Firm's name ▶ Desmond & Ah				Firm's Ell		-332		
		Firm's address ► 10827 S. We:		ıe		Phone no	. 773	<u> </u>	-472)
		Chicago, IL							_	
May	the IRS dis	scuss this return with the preparer shown abov	e? See instructions						Yes	No
								Fo	m 990-E	Z (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Cica	tricial Al	opecia Resea:	rch Fo	oundat	ion		0-2049037
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The o	organ	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative		•			i).		
4		A medical research organization					•	(iii). Enter	the hospital's name,
		city, and state:	•					. ,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		•	•	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e general r	oublic described in
		section 170(b)(1)(A)(vi). (C	•		3			3	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	nction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:		,		, , ,	,	3	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	ip fees, and	d aross receipts from
		activities related to its exem	•						•
		income and unrelated busir	•	•					-
		See section 509(a)(2). (Cor		,		•	, 0		•
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1)	r section	509(a)(2).	See section 5	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functional	y integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f		r the number of supported o	•						
g		ride the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotoni	(vi) Amount of other
	,	organization	(II) EIIV	(described on lines 1-10	in your govern	ing document?	support (see in	,	support (see instructions)
		organization		above (see instructions))	Yes	No			cappert (eee metraetiene)
							I		I

Schedule A (Form 990 or 990-EZ) 2020 Cicatricial Alopecia Research Foundation 20-2049037 Page 2

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

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

Calendar year (or fiscal year beginning in) Calendar year (or fi	Sec	ction A. Public Support		<u>`</u>	•			
membership fees neceived. (Do not included are your ususal grants?) Tax revenues levied for the organization shenoff and either paid to or expended on its obtain The value of services or facilities stumished by a governmental unit to the organization without charge and the properties of the proper	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Tax revenues levied for the organization S4, 312.	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization'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 (office than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20 Ja16. 6 Public support, subsestive show in expenditure of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried to 250. 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 980 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 16 33 1/3% support test - 200. If the organization of id not check to box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization of under the ck abox on line 13, 16a, 16b, 0717a, and line 15 is 10% or more, and if the organization meets the facts and circumstances t		membership fees received. (Do not						
traition'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, each of the support, served time 8 from the support services of the support services or		include any "unusual grants.")	54,312.	14,160.	57,162.	85,970.	82,838.	294,442.
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total, Add lines I 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) column (f) 6 Public support, Selvises the 5 Your lise 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 12 12 5 3 . 20 . 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 assesses (Explain in Part VI). 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop bere 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 Public support percentage from 2020 (line 6; column (f), divided by line 11, column (f)) 15 13 1/39 yeaport test -2020. If the organization did not check the box on line 13, fla, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2020. If the organization of did not check a box on line 13, fla, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization percentage from 2019 if the organization did not check a box on line 13, fla, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supporte	2	Tax revenues levied for the organ-						
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. Softmactive 5 von live 4 8 Gross income from in e11, column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities, etc. (see instructions) 12 12 12 12 12 12 12 12 12 12 12 12 12 1		ization's benefit and either paid to						
tunished by a governmental unit to the organization without charge to the organization product of the organization with the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization and see that box and step here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 54,312. 14,160. 57,162. 85,970. 82,838. 294,442. 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. 20,316. 6 Public support. Solvinci line 5 from line 4. 20,316. 7 Amounts from line 4 54,312. 14,160. 57,162. 85,970. 82,838. 294,442. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 250. 3. 200. 9 Net income from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 250. 3. 3. 200. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 5. 3. 12 12 152,070. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SO1(c)(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 Other income. Denote this box and stop here. The organization qualifies as a publicly supported organization where the facts and circumstances test. The organization did not check a box on line 13, 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, the organization did not check a box on line 13, 16a, 16b, 171, or 170, check this box and see instructions.	3	The value of services or facilities						
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. Seizestime 5 from 1se 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources 9 Net income from interest, dividends in Part VI) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 93.01 15 16 33 1/3% support test - 2020. If the organization did not check he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization dualifies as a publicly supported organization meets the facts and circumstances test. The roganization dualifies as a publicly supported organization meets the facts and circumstances test. The organization dualifies as a publicly supported organization meets the facts and circumstances test. The organization dualifies as a publicly supported organization meets the facts and circ		furnished by a governmental unit to						
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11 Total support. Add lines 7 through 10		or loss from the sale of capital						
12		assets (Explain in Part VI.)						
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Expl	11	Total support. Add lines 7 through 10						
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Schedule A (Form 990 or 990-EZ) 2020 Cicatricial Alopecia Research Foundation 20-2049037 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
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	edule A (Form 990 or 990 EZ) 2020 Cicatricial Alopecia Research Foundation 20-20	<u>4903</u>	7 _{Ра}	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
500	Tion b. All Type III Supporting Organizations			
_	Did the constitution and the control of the		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	4		
2	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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			
		3		
Sec	supported organizations played in this regard. Stion 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)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	10)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Cicatricial Alopecia Research Foundation 20-2049037 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 Cicatricial Alopecia Research Foundation 20-2049037 Page 7

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	Current Year				
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				

Schedule A (Form 990 or 990-EZ) 2020

4 Distributions for 2020 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

line 7:

and 4c.
 B Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

Cicatricial Alopecia Research Foundation

Employer identification number 20-2049037

Cicatricial Alopecia Research Foundation	20-2049037
Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Pai	d:
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Meetings	7,933.
Insurance	2,269.
Telephone	919.
Software	7,921.
Bank and other fees	3,791.
Webinars	1,250.
Office expense	495.
Total to Form 990-EZ, line 16	24,578.
Form 990-EZ, Part II, Line 24, Other Assets:	
Description Beg. of Yea	r End of Year
Accounts receivable 0	. 10.
Form 990-EZ, Part III, Primary Exempt Purpose - The mission	of Cicatricial
Alopecia Research Foundation (CARF) is to provide education	and patient
support, raise public awareness and advance and promote rese	arch.
Form 990-EZ, Part III, Line 28, Program Service Accomplishme	nts:
CARF is an active advocate for patients with scarring	
alopecia at hair industry meetings and conferences. CARF	
participates on panels and as speakers at these various	
meetings to raise awareness and bring attention to their group LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule	wing e O (Form 990 or 990-EZ) 2020

Name of the organization Cicatricial Alopecia Research Foundation	Employer identification number 20-2049037	
population and need for more research and support. CARF hosts a		
biennial patient support conference where members, expert physicians		
and leading hair researchers collaborate and interact with each other		
to learn about the latest in treatments, research and patient needs.		
CARF also provides support services to its membership through its		
peer-to-peer network of Patient Outreach Volunteers, social media, and		
face-to-face support group meetings held around the country.		
Form 990-EZ, Part III, Line 29, Program Service Accomplishments:		
CARF maintains a medically-vetted website which serves as		
a resource and portal to the organization and produces		
timely communications, including a newsletter and frequent		
e-news blasts to keep members informed and engaged. When diagnosed with		
this irreversible hair loss condition, being part of a community who		
understands and supports you, is immeasurable and life-saving.		
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:		
The organization did not, during the year, receive any funds, directly,		
or indirectly, to pay premiums on a personal benefit contr	act.	
The organization, did not, during the year, pay any premiu	ms, directly,	
or indirectly, on a personal benefit contract.		

Name of the organization **Employer identification number** Cicatricial Alopecia Research Foundation 20-2049037

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) Kris Wharton 0.25 0. 0. Director 0.