# Extended to November 15, 2022 **Short Form**

# **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

Form **990-EZ** 

▶ 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.

Α	For the	e 2021 cal	endar year, or tax year beginning	and en	ding						
В	Check if applicat	eck if C Name of organization						D Employer identification number			
	—	ess change	s change								
	Nam	e change	Cicatricial Alopecia Research Four	ndation		20-2049037					
	Initia	l return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number					
	Final termi	return/ inated	1586 Sumneytown Pike	1322	310-801-3450						
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Gro	up Exem <sub>l</sub>	ption					
	Applic	Application pending Kulpsville, PA 19443									
G	Accour	nting Meth	od: Cash X Accrual Other (specify) ▶	H Che	eck 🕨	if the organization is					
I	Websi	te: 🕨 <u>W</u>	ww.scarringalopecia.org			not	required	to attach Schedule B			
<u>J</u>	Tax-ex	empt stati	us (check only one) $ \times$ 501(c)(3) $\sim$ 501(c) ( ) $\blacktriangleleft$ (insert no.)	4947(a)(1)	or 527	(Fo	rm 990).				
K	Form o	of organiza	tion: X Corporation Trust Association	Other							
L	Add lin	nes 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more, or if tota	l assets (Part I	l,					
_		n (B <u>))</u> are S	6500,000 or more, file Form 990 instead of Form 990-EZenue, Expenses, and Changes in Net Assets or Fund	<u></u>			▶ \$	184,425.			
P	art I	_									
_			if the organization used Schedule O to respond to any question in this Part I								
	1		tions, gifts, grants, and similar amounts received				1	120,118.			
	2		service revenue including government fees and contracts				2	50,241.			
	3	Members	ship dues and assessments				3	14,066.			
	4		nt income	1 1			4				
	5a		nount from sale of assets other than inventory								
	b		st or other basis and sales expenses	5b							
	C	,					5c				
	6	-	and fundraising events:								
e	a		come from gaming (attach Schedule G if greater than	1.1							
Revenue	١.	\$15,000)		6a							
Ŗ	b		come from fundraising events (not including \$	of contribution	1S						
			draising events reported on line 1) (attach Schedule G if the sum of such	ایدا							
		-	come and contributions exceeds \$15,000)	6b							
	C		ect expenses from gaming and fundraising events	6c			0.4				
	0		me or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	1 1 '			6d				
	7a		les of inventory, less returns and allowances								
	b	Groce pro	st of goods sold				7c				
	8		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule 0)				8				
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	184,425.			
_	10		nd similar amounts paid (list in Schedule 0)				10	,			
	11		paid to or for members				11	_			
G	140		other compensation, and employee benefits				12				
Se	13		onal fees and other payments to independent contractors				13	131,178.			
Expenses	. 14		cy, rent, utilities, and maintenance				14				
ш	15		publications, postage, and shipping				15	236.			
	16		penses (describe in Schedule 0)	e Sched	ule O		16	23,543.			
_	17	Total exp	penses. Add lines 10 through 16			<b></b>	17	154,957.			
	18	Excess o	r (deficit) for the year (subtract line 17 from line 9)				18	29,468.			
šets	19		s or fund balances at beginning of year (from line 27, column (A))								
Ass		(must ag	ree with end-of-year figure reported on prior year's return)				19	22,408.			
Net Assets	20	Other cha	anges in net assets or fund balances (explain in Schedule 0)				20	0.			
_	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20			<b>•</b>	21	51,876.			
ıш		. D	b Doduction Act Natice and the congrete instructions					Form 990-F7 (2021)			

For Paperwork Reduction Act Notice, see the separate instructions.

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Page 2

Part II	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any question	in this Part II				X
		(A	(a) Beginning of year		( <b>B</b> ) E	nd of year	
<b>22</b> Casl	h, savings, and investments		22,398.	22		11,76	3.
<b>23</b> Lan	d and buildings			23			
<b>24</b> Oth	d and buildings er assets (describe in Schedule 0) See Schedule O		10.			40,11	
	al assets		22,408	25		51,87	6.
26 Tota	al liabilities (describe in Schedule 0)		0.	26			0.
27 Net	assets or fund balances (line 27 of column (B) must agree with line 21)		22,408	27		51,87	6.
Part III	Statement of Program Service Accomplishmen	ts (see the instruction	ons for Part III)		Ex	penses	
	Check if the organization used Schedule O to resp	ond to any question	in this Part III			for section	
What is the	e organization's primary exempt purpose? See Schedule O					and 501(c)(4) ons; optional f	
	organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses. I	n a clear and concise		others.)	one, opnoman	
	cribe the services provided, the number of persons benefited, and other relevant information						
28 See	Schedule O						
(Gran	ts\$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		28a	115,85	1.
29 See	Schedule O	,				-	
				_			
(Gran	ts\$ ) If this amount includes foreign g	rants, check here	<b>•</b>	<u> </u>	9a	6,51	7.
30	, <u></u>	······································				, , , , , , , , , , , , , , , , , , ,	
				_			
				_			
(Gran	ts\$ ) If this amount includes foreign g	rants, check here	<b>•</b>		30a		
(Gran				وا 🖂	31a		
		ranto, oncon noro				122,36	8.
Part IV		nployees (list each one ev	en if not compensated - s	ee the ins	structions fo	r Part IV)	
	Check if the organization used Schedule O to resp						Х
		(b) Average hours	(C) Reportable	(d) Heal	th benefits,	(e) Estimat	
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/		utions to ee benefit	amount of ot	
	(a) Hamo and the	position	1099-NEC) (if not paid, enter -0-)	plans, ar	nd deferred ensation	compensati	on
Rita	A. Wanser		(,,				
Presi		1.00	0.		0.		0.
	F. Bergfeld, MD	2700					
	President	0.25	0.		0.		0.
	tine Janus	0123					
Treas		0.25	0.		0.		0.
	nne Senna, MD	0.23					•
Secre		1.00	0.		0.		0.
	Wharton	1.00	0.				<u> </u>
	dent-Elect	1.00	0.		0.		0.
	al Aguh, MD	1.00	0.		<u> </u>		<u> </u>
Direc		0.25	0.		0.		0.
	K. Hordinsky, MD	0.23	0.		<u> </u>		<u>.</u>
Direc		0.25	0.		0.		Λ
		0.25	0.		0.		0.
	da Lenzy, MD, MPH	0.25			^		0
Direc		0.25	0.		0.		0.
	J. O'Connell	0.05			^		^
Direc		0.25	0.		0.		0.
	Pickford	10.00			^	CF 45	,
	tive Director	10.00	0.		0.	65,17	4.
	ine Bernstein	0.05			^		^
Direc		0.25	0.		0.		0.
	w F. Alexis, MD, MPH				_		_
Direc	tor	0.25	0.		0.		0.

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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule 0 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 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a N/A **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 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 X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A **b** Gross receipts, included on line 9, for public use of club facilities N/A **40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► **0** • ; section 4955 ► 0. **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 Х 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 \_\_\_\_\_**>** e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > CA, PA Telephone no.  $\triangleright$  310-801-345042a The organization's books are in care of ▶ Jean R. Pickford Located at ▶ 1586 Sumneytown Pike, Kulpsville, PA **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial Х 42b account)? 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). c At any time during the calendar year, did the organization maintain an office outside the United States? Х If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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									Yes	No
46		organization engage, directly or indirectly, in politi						40		Х
Pa	rt VI	Section 501(c)(3) Organizations	Only					46		Α_
		All section 501(c)(3) organizations must ans		9b and 52, and	d complete t	he tables for lines	50 and 51.			
		Check if the organization used Schedule O	to respond to any q	uestion in this	Part VI					
47	Did the	organization angaga in labbuing activities or boyo	a coation EO1/h) alcotio	n in offeet durin	a the toy year	~n			Yes	No
47		organization engage in lobbying activities or have complete Sch. C, Part II	, ,		-			47		x
48	Is the or	rganization a school as described in section 170(b	)(1)(A)(ii)? If "Yes," cor	nplete Schedule	 E			48		X
49 a		organization make any transfers to an exempt non						49a		Х
b		was the related organization a section 527 organization						49b		
50		te this table for the organization's five highest com			rs, directors,	trustees, and key en	nployees) who e	ach red	eived r	nore
	man \$ n	00,000 of compensation from the organization. If the compensation is the compensation from the organization. If the compensation is the compensation from the organization. If the compensation is the compensation from the organization is the compensation from the organization. If the compensation is the compensation from the organization is the compensation from the organization. If the compensation is the compensation is the compensation from the organization is the compensation is	there is none, enter No	(b) Average	hours	(C) Reportable	(d) Health benefit	s. (e	) Estim	nated
		(a) Hame and this or each employee		per week dev	oted to	compensation (Forms W-2/1099-MISC/	<ul> <li>contributions to employee benefit</li> </ul>	am	ount of	other
		NONE	C .	positio	on	1099-NEC)	plans, and deferre compensation	d co	mpens	ation
								-		
								+-		
51 ——	organiza	te this table for the organization's five highest com ation. If there is none, enter "None." NONE Name and business address of each independent	3			ype of service			ensatio	n
d	Total nu	mber of other independent contractors each recei	ving over \$100,000			▶				
52		organization complete Schedule A? Note: All sect	( )( )				. ┌	ΧΥ		¬
Linda		es of perjury, I declare that I have examined this re								No_
		and complete. Declaration of preparer (other than	, , ,	, ,		,	•	ye anu	bellel,	11.15
Sig		Signature of officer					Date			
Hei		Kristen Wharton, Pre	sident							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Pai	Ч	The state of the s	<b>.</b>			self- emplo	_   ``			
	u parer	Jason L. Gierhahn			10/26		P02			
	Only	Firm's name ▶ Desmond & Ahe		_			▶ 36-33			
		Firm's address ► 10827 S. Wes Chicago, IL	tern Avenu	е		Phone no.	773-77	<u>9 – 4</u>	/20	
May	the IRS	discuss this return with the preparer shown above					▶ [	ΧΥ	es 「	No
iviuy	1110 (	nocaco ano retarn with the property shown above	. 500 1100 0000110						000-F7	

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization Cicatricial Alopecia Research Foundation 20-2049037 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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

800	talls to quality under the tests	noted below, pleas	se complete Fait II	i. <i>j</i>			
	tion A. Public Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	14 160	E7 160	05 070	00 000	124 104	274 214
	include any "unusual grants.")	14,160.	57,162.	85,970.	82,838.	134,184.	374,314.
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	14 160	F7 160	05 070	00 000	124 104	274 214
	Total. Add lines 1 through 3	14,160.	57,162.	85,970.	82,838.	134,184.	374,314.
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,						10 504
	column (f)						18,724.
	Public support. Subtract line 5 from line 4.						355,590.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	14,160.	57,162.	85,970.	82,838.	134,184.	374,314.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	_	2				
	and income from similar sources	5.	3.				8.
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.)						274 222
	<b>Total support.</b> Add lines 7 through 10		,				374,322.
	Gross receipts from related activities,	•	,			12	164,893.
13	First 5 years. If the Form 990 is for th	•	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
S00	organization, check this box and storetion C. Computation of Publi		contage				<b>P</b>
	Public support percentage for 2021 (I			aluman (f)\		14	95.00 %
						15	93.01 %
	Public support percentage from 2020 <b>33 1/3% support test - 2021.</b> If the co						, -
10a							▶ [7]
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2020.</b> If the o		~			or more, shock thi	
b							
170	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	-	
L	meets the facts-and-circumstances te	-	•	• • •	-	72. and line 15 is:	
a	10% -facts-and-circumstances test	-					1U70 UI
	more, and if the organization meets the				-		<b>▶</b> □
10	organization meets the facts-and-circu		-		• • •		
ΙŎ	Private foundation. If the organization	n dia not check a t	oox on line 13, 16a	, 10D, 1/a, 0r 1/b	, check this box at		(Form 000) 2001

(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

Allender years (or fiscal year teginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total memberabin fees received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total memberabin fees received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total memberabin fees received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total any activity that is related to the organization's tax-exempt purpose (a) 2018 (e) 2019 (e) 2019 (e) 2019 (e) 2021 (f) Total 3021 (e) 2020 (e) 2021 (f) Total 4021 (e) 2020 (e) 2021 (f) Total 4021 (e) 2020 (e) 2021 (f) Total 4021 (e) 2020 (e) 2021 (f) Total 5021 (e) 2020 (e) 2021 (f) Total 502	quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.j				
1 Giffs, grants, contributions, and membership teer received. (Do not include any "nunsual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge of the organization without charge or expended on its behalf or expended on the control of the properties of the control	Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any 'unusual grants.')  Gross recipits from admission, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose  3. Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levide for the organization'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's benefit and either paid to or expended on its behalf  6. Total. Add lines' 1 through 5  7. A mounts included on lines 1, 2, and 3 received from order through 5 received from one through 5 received from one through 5 received from one to through supplication of the 3 and received from one to the dispatition growing through 5 received from one to through supplication in the lines of the services of t							
2 Gross receipts from admissions, merchandriss sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its	membership fees received. (Do not						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's transversing purpose 3 Gross receipts from activities that are not an unrelated trade or bus insiss under saction 513 4 Tax revenues levied for the organization'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 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of the	include any "unusual grants.")						
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# 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3b		
	3c		
	_		
	4a		
	4b		
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	8		
	9a		
	9b		
	9с		
	10a		
	10b		
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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.

- 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.

3b Schedule A (Form 990) 2021

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Sche <b>Pa</b> i	t V Type III Non-Functionally Integrated 509(a)(3) Support			10-2049037 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	on 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	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on 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-function	nally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrate	ed 509(a)(3) Supporting Orgar	nizations (continued)					
Section D - Distributions	tion D - Distributions						
1 Amounts paid to supported organizations to accomp	plish exempt purposes	1					
2 Amounts paid to perform activity that directly further	rs exempt purposes of supported						
organizations, in excess of income from activity		2					
3 Administrative expenses paid to accomplish exempt	t purposes of supported organizations	3					
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval requ	iired - <i>provide details in</i> <b>Part VI</b> )	5					
6 Other distributions (describe in Part VI). See instruc	tions.	6					
7 Total annual distributions. Add lines 1 through 6.		7					
8 Distributions to attentive supported organizations to	which the organization is responsive						
(provide details in Part VI). See instructions.		8					
9 Distributable amount for 2021 from Section C, line 6	3	9					
10 Line 8 amount divided by line 9 amount	Line 8 amount divided by line 9 amount						
	(i)	/ii\	(iii)				

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

Schedule A (Form 990) 2021

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service 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 Simil	ar Amounts Paid:	
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Meetings		887.
Insurance		2,318.
Telephone		862.
Software		6,451.
Bank and other fees		3,734.
Webinars		7,400.
Office expense		1,891.
Total to Form 990-EZ, line 16		23,543.
Form 990-EZ, Part II, Line 24, Other Assets:  Description	Beg. of Year	End of Year
Accounts receivable	10.	40,113.
Form 990-EZ, Part III, Primary Exempt Purpose  Alopecia Research Foundation (CARF) is to prov support, raise public awareness and advance and	ide education an	d patient
Form 990-EZ, Part III, Line 28, Program Service CARF is the only patient advocacy organization		s:
world dedicated to the scarring alopecia commun		
is an active leader in patient education and s		
drives research to find better treatments and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E2		omplishes chedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** Cicatricial Alopecia Research Foundation 20-2049037 this by providing educational webinars, various resources, virtual support groups, and peer-to-peer connections. CARF participates in industry and physician meetings and speaks to the unmet needs of this growing hair loss patient base. CARF is conducting a cicatricial alopecia patient assessment and impact report by engaging patients in survey data to raise the much-needed attention to drive research forward. 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 contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Page 2

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 (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-) Jeff Donovan, MD 0.50 0. 0. Director 0. Andrea Furgala 0. 0.25 0. 0. Director