Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer identific	cation number				
Г	Addres	S MILE DADMII GVADDOME HOIMDAMION ING						
Ē	Name change		22-3	755704				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s						
	Final return/	2005 PALMER AVE #103		662-2784				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,168,033.				
	Ameno return	LARCHMONT, NY 10538	H(a) Is this a group re	eturn				
	Applic		for subordinates	? Yes X No				
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	H(b) Are all subordinates included? Yes No				
			527 If "No," attach a	list. (see instructions)				
		e: WWW.BARTHSYNDROME.ORG	H(c) Group exemptio					
			rear of formation: $2000$ N	$^{\prime\prime}$ State of legal domicile: ${ m DE}$				
Р	_	Summary	OMOME ALIADENE	GG OF DARMI				
e	1		OMOTE AWARENE					
Governance		SYNDROME; 2) TO EDUCATE AND SUPPORT PHYSICIA						
/er	2	Check this box  if the organization discontinued its operations or disposed of r	ı	ssets. 12				
é	3		3	12				
		Number of independent voting members of the governing body (Part VI, line 1b)		4				
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		200				
ξį	70	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		0.				
¥	h	Net unrelated business taxable income from Form 990-T, line 34		0.				
_	+ -	Net difference business taxable income from Form 990-1, life 94	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,138,821.	1,026,616.				
	9	Program service revenue (Part VIII, line 2g)	0.	0.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,632.	55,791.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,165,453.	1,082,407.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	551,043.	347,254.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	486,057.	476,851.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)   80,093.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	195,210.	407,406.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,232,310.					
	19	Revenue less expenses. Subtract line 18 from line 12	1,933,143.	-149,104.				
Net Assets or	5		Beginning of Current Year	End of Year				
Ssel	20	Total assets (Part X, line 16)	3,913,906.	3,793,936.				
let A	21	Total liabilities (Part X, line 26)	240,827. 3,673,079.	216,379. 3,577,557.				
	≘∣ 22 art II	Net assets or fund balances. Subtract line 21 from line 20	3,013,013.	3,311,331.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		y Knowledge and Bellet, it is				
	,	L	l l l l l l l l l l l l l l l l l l l					
Sig	n	Signature of officer	Date					
He		LINDSAY B. GROFF, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pa	id	MICHAEL L. CECERE MICHAEL L. CECERE	05/02/17 if self-employ	P00236848				
Pre	eparer	Firm's name GRAY, GRAY & GRAY, LLP	Firm's EIN ▶	04-2088368				
Us	e Only	Firm's address 150 ROYALL STREET, SUITE 102						
		CANTON, MA 02021	Phone no. (7					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE BARTH SYNDROME FOUNDATION IS AN ENGAGED, GLOBAL COMMUNITY WHOSE
	MISSION IS SAVING LIVES THROUGH EDUCATION, ADVANCES IN TREATMENT, AND
	FINDING A CURE FOR BARTH SYNDROME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 494,891. including grants of \$ 271,154.) (Revenue \$ )  THE BARTH SYNDROME SCIENCE, MEDICINE & RESEARCH PROGRAM IN 2016 WAS
	COMPRISED OF A) THE BSF RESEARCH GRANT PROGRAM TO FOSTER SCIENTIFIC AND
	CLINICAL INVESTIGATIONS INTO BARTH SYNDROME TO FACILITATE THE
	DEVELOPMENT OF A SPECIFIC TREATMENT OR A CURE FOR THIS DISEASE, AND B)
	THE BARTH SYNDROME MEDICAL DATABASE AND BIO-REPOSITORY FOR THE
	COLLECTION AND STORAGE OF MEDICAL INFORMATION/SAMPLES ON INDIVIDUALS
	WITH BARTH SYNDROME OVER TIME TO GAIN A BETTER UNDERSTANDING OF THE
	DISEASE.
	DIDUMDI •
4b	(Code:) (Expenses \$ 164,146 • including grants of \$) (Revenue \$)
	THIS CONFERENCE, HELD EVERY TWO YEARS, BRINGS AFFECTED FAMILIES,
	RESEARCH SCIENTISTS AND CLINICIANS TOGETHER IN ONE PLACE AT ONE TIME SO
	THAT THEY MAY COLLABORATE AND SHARE THEIR KNOWLEDGE TO GAIN A GREATER
	UNDERSTANDING OF BARTH SYNDROME AND LEARN ABOUT THE LATEST DISCOVERIES
	AND SCIENTIFIC RESEARCH AVAILABLE. FAMILIES HAVE A UNIQUE OPPORTUNITY
	TO BE SEEN BY THE WORLD'S GREATEST EXPERTS, THEREBY, CONTRIBUTING
	DIRECTLY TO THE SEARCH FOR A CURE BY PROVIDING INFORMATION AND TISSUE
	SAMPLES.
4c	(Code:) (Expenses \$ 133,394 • including grants of \$
	THE WILL MCCURDY FUND FOR THE ADVANCEMENT OF THERAPIES FOR BARTH
	SYNDROME WILL BE USED EXCLUSIVELY FOR THE DEVELOPMENT OF THERAPIES
	DESIGNED TO PREVENT, ALLEVIATE, OR ELIMINATE THE SYMPTOMS OF BARTH
	SYNDROME.
<i>/</i> / <i>L</i>	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 248,031 • including grants of \$ ) (Revenue \$ )
	(Expenses \$ 246,031 • including grants of \$ ) (Revenue \$ )  Total program service expenses ► 1,040,462 •
	Form 990 (2016)
	\(··· \( \( \( \) \)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <sub>V</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
	complete Schedule G, Part III	19		_ A

Form **990** (2016)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<sub>v</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<sub>v</sub>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш			
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10	-					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v				
0-	(gambling) winnings to prize winners?	I	1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 4						
	filed for the calendar year ending with or within the year covered by this return		1	Х				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	21				
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	······	3b		- 22			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30					
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х			
h	If "Yes," enter the name of the foreign country:	accounty:	-Tu					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
-	any contributions that were not tax deductible as charitable contributions?		6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?	•	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the						
			8					
9	Sponsoring organizations maintaining donor advised funds.							
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	40-						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:  Gross income from members or chareholders	112						
a	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11h						
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b   10412	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ıza					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.		.54					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
	, , , , , , , , , , , , , , , , , , , ,			990	(2016			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year la   12								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			٠,,					
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٠,,					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		3,7					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	<u></u>					
10-	Did the constitution have lead about the househoe an affiliate 0	10-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	<ul> <li>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>								
12a									
ıza b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х						
·	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA, NY, CT, NJ, IL, TN, PA, VA, CA	,FL	, MD	,UT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial								
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	NATALIE COHN - 516-459-7165								
	2005 PALMER AVE, #1033, LARCHMONT, NY 10538		000	(00.10)					
63200	6 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	<b>990</b>	(2016)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	week		not c , unle cer an	heck ss pe	rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATTHEW BLUMENTHAL	2.00	, .							0.	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(2) FLORENCE MANNES	2.00	x						0.	0.	0.
BOARD MEMBER (3) SUSAN OSNOS	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(4) RANDY BUDDEMEYER	5.00									
TREASURER		Х		х				0.	0.	0.
(5) MARCUS SERNEL	10.00							-	-	
CHAIRMAN		Х		х				0.	0.	0.
(6) SUSAN A. MCCORMACK	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JOHN WILKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DAVID AXELROD, M.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CATHARINE LYNNE RITTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN G. WOODWARD,	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) BRUCE J. DEVELLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) NICOLE DERUSHA-MACKEY	2.00	١							•	•
BOARD MEMBER	40.00	Х						0.	0.	0.
(13) LINDSAY B. GROFF	40.00	1		,,				100 666	0	222
EXECUTIVE DIRECTOR	40.00			Х				120,666.	0.	233.
(14) MATTHEW TOTH	40.00	-				- V		152 070	_	11 102
DIR OF SCIENCE	40.00	_	-			Х		152,870.	0.	11,192.
(15) VALERIE BOWEN	40.00	1					x	79,719.	0.	4,093.
PRESIDENT, FORMER							Λ	79,719.	0.	4,093.

Form **990** (2016)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	on d	an	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI				e on ed
									252 255			1		10
	Sub-total  Total from continuation sheets to Part VI							<b>&gt;</b>	353,255.		0.		5,5	<u>. о.</u>
	Total (add lines 1b and 1c)							<u> </u>	353,255.		0.	1	5 <b>,</b> 51	18.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ole		I	2
3	Did the organization list any <b>former</b> officer,												Yes X	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3	X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	/ unr					5	Λ	X
Sec	tion B. Independent Contractors	piete Scriedur	<del>e</del>	UI S	ucn	pers	SOII .					_ 5 _		
1	Complete this table for your five highest co the organization. Report compensation for	•	-								mpens	ation f	rom	
	(A) Name and business address NONE (B) Description of services								C	(C Compe		า		
	Total number of independent contractors (i	ncluding but n	ot li	mito	d to	tho	so li	etoc	d above) who received m	nore than				
	\$100,000 of compensation from the organi		OL II		u 10		0	J. C	a above, who received if	IOIG IIIAII			000 (	

Form **990** (2016)

Pa	rt VI			a in this Dout VIII			
		Check if Schedule O contains a response of	or note to any lin	(A) Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	the control of the co	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	Business Code	1,026,616.	revenue	revenue	512 - 514
	3 4 5	Investment income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond prepared to the second	st, and >	56,492.			56,492.
	b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7 a	a Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securities 84,925.	(ii) Other				
	c	and sales expenses 85,626. Gain or (loss) -701. Net gain or (loss) Gross income from fundraising events (not	<b>&gt;</b>	-701.	-701.		
Other Revenue		including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
J	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory					
	11 a	Miscellaneous Revenue	Business Code				
	c	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.	<b>&gt;</b>	1,082,407.	-701.	0.	56,492.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 347,254 347,254. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 152,119. 6,033. 200,385 42,233. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,670. 219,551. 202,881. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26,495. 22,307. 1,570. 2,618. Other employee benefits 9 1,694. 30,420. 25,366. 3,360. Payroll taxes 10 Fees for services (non-employees): a Management Legal 34,533. 34,533. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 40,102 19,981. 121 20,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 65,601. 21,431. 38,963. 5,207. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,106. 4,106. 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 82,098. 78,852. 3,246. TRANSPORTATION THERAPY DEVELOPMENT 67,167. 67,167. **MEALS** 62,502. 62,064. 20. 418. d AUDIO VISUAL 19,894. 19,894. 3,011. 31,403. 21,146. 7,246. e All other expenses 1,231,511. 1,040,462. 110,956. 80,093. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2016)

if following SOP 98-2 (ASC 958-720)

Par	τχ	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,592,360.	2	1,188,645.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,352.	4	7,898.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	,			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec	ion 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	·······	16,495.	9	13,011.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,302,792.	11	2,584,382.
	12	Investments - other securities. See Part IV, line	1	999,907.	12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,913,906.	16	3,793,936.
	17	Accounts payable and accrued expenses		16,726.	17	20,904.
	18	Grants payable	224,101.	18	195,475.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
<u>≅</u>		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		240,827.	26	216,379.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.			
Fund Balances	27	Unrestricted net assets		700,727.	27	918,886.
Bala	28	Temporarily restricted net assets		2,972,352.	28	2,658,671.
I Pu	29				29	
		Organizations that do not follow SFAS 117 (A				
		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	<b>_</b>		32	
z	33	Total net assets or fund balances		3,673,079.	33	3,577,557.
	34	Total liabilities and net assets/fund balances		3,913,906.	34	3,793,936.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		, 08						
2	Total expenses (must equal Part IX, column (A), line 25)		,23 -14						
3									
4									
5	5 Net unrealized gains (losses) on investments5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (	(2016)				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

# 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE BARTH SYNDROME FOUNDATION, 22-3755704 TNC. 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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 in 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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)	Sec	ction A. Public Support										
### Reserved (Co not include any "unusual grants.")  2 Tax reverues levied for the organization's benefit and either paid to or expended on its behalf at the value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The value of services or facilities furnished by a governmental unit to the organization of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 200 (1) (1) (2) (2) (3) (2) (2) (3) (2) (3) (4) (4) (2) (3) (4) (4) (2) (5) (6) (5) (5) (4) (4) (4) (2) (5) (6) (6) (5) (5) (4) (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1   102, 246,   3, 138, 821,   1, 026, 616,   6, 963, 643.	1	Gifts, grants, contributions, and										
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and though a formal paid to the organization without charge 4 Total. Add lines 1 through 3		membership fees received. (Do not										
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 change  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. Subset the 5 from time 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  12 Gross receipts from related activities, etc. (see instructions)  13 Tiers they eyers. If the Form 990 is for the organization of line 6, column (f) divided by line 11, column (f))  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  16 3 31/3% support test - 2016. 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  17a 10% -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 meets the "facts-and-circumstances* test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances* test. The organization qualifies as		include any "unusual grants.")	871,480.	824,480.	1,102,246.	3,138,821.	1,026,616.	6,963,643.				
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 change  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. Subset the 5 from time 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  12 Gross receipts from related activities, etc. (see instructions)  13 Tiers they eyers. If the Form 990 is for the organization of line 6, column (f) divided by line 11, column (f))  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  16 3 31/3% support test - 2016. 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  17a 10% -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 meets the "facts-and-circumstances* test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances* test. The organization qualifies as	2											
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. Subject the 8 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 33 173% support test. 2016. If the organization of dinot check the box on line 13, flag, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, The organization meets the "facts-and-circumstances" test, The organization companization meets the "facts-and-circumstances" test. The organization companization companization meets the "facts-and-circumstances" test. The organization cannot be supported organization companization meets the "facts-and-circumstances" test. The organization cannot be supported organization cannot companization cannot be supported organization cannot companization cannot companization cannot companize the corganization cannot companize the companization cannot companize the companization cannot c		ization's benefit and either paid to										
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furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3	3	The value of services or facilities										
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u>18</u>											

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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 $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is fo	-			•		
check this box and stop here						<u></u> ▶∟⊥
Section C. Computation of Pub					1 1	
<b>15</b> Public support percentage for 2016					15	<u>%</u>
16 Public support percentage from 201					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2016. If the						
more than 33 1/3%, check this box	and <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3%, ch	eck this box and s	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	▶□

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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		
48		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below. The governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  7 Did the directors, trustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directive or trustees at all times during the tax year? Who, discontine they if how the wayported organizations supported organizations, supervised, or controlled the organization's activities. If the organization had more than one supported organization's supervised, or controlled the organization's activities. If the organization near than one supported organization, supervised, or controlled the organization or restrictions, if any, applied to such power a during the tax year.  1 Did the organization operate for the benefit of any supported organization(if the trust) providing such benefit careful out the purposes of the supported organization(if it is a pervised, or controlled the supported organization(if it is a pervised, or controlled the supported organization(if it is a pervised, or controlled the supported organization(if it is a pervised, or controlled the supported organization(if it is a pervised, or controlled the supporting organization of the thirt the supported organization(if it is a pervised, or controlled the supporting organization or the supported organization or the thirt the organization organization organization organization organization or management of the supported organization(if it is a pervised organization(if it is apported organization) in the organization pervised to each of its supported organization(if it is apported organization(if it is apported organization(if it is apported organization is a very in the organization is a very in the organ	Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the powers to general described in (a) above?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above?  f Yes' to a, b, or c, provide detail in Part VI.  11b   C				Yes	No
below, the governing body of a supported organization?  b A Amily member of a pesson described in (a) bove?  c. A 35% controlled entity of a person described in (a) or (b) above? If Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of sectors or trustees at all times during the tax year? If "No," "describe in Part VI in the supported organizations for electors or trustees at all times during the tax year? If "No," "describe in Part VI in the supported organization and more than one supported organization, describe how the powers to appoint and/or remove discribes or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove discribes or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove discribes or trustees were allocated among the supported organization of the than the supported organization of the than the supported organization personal plant of the behalf of any supported organization of the than the supported organization of the than the supported organization of the supported organization or the supported organization organization is the supported	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2a		
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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 (a) and (b) 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? Provide details in Part VI.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_				
activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.  3a  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2h		
<ul> <li>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? <i>Provide details in Part VI</i>.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	3		20		
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		20		
	<b>L</b>		Ja		
	J		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .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 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-functionally	v integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex-			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a	STOCKED WIT OF INTO 1.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE BARTH SYNDROME FOUNDATION, INC.

**Employer identification number** 22-3755704

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Sillinal Assets.
			ment and belongs about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	ance of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the examination placed as permitted under SEAS 116 (AS		at and halance shoot works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	lucation, or research in furtherance of pr	ablic service, provide the following amounts
			▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	·	,	<b>*</b>
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2016

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

	t III Organizations Maintaining C	Collections of A					er Simil	ar Asse			age <b>z</b>
3	Using the organization's acquisition, accessi										S
Ū	(check all that apply):	on, and other record	as, criccit ai	ly of the	Tollowing tha	it are a c	ngrimoarit	usc or its	CONCCIO	ii itoiii	3
а	Public exhibition	d	1 100	n or eve	hange progra	ame					
b	Scholarly research	e			riarige progra	a1115					
		•	; Oui								
C	Preservation for future generations			ه در د حالمان نگ	h			i- D-:	4 VIII		
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of								٦.,		٦
Do	to be sold to raise funds rather than to be mi								_ Yes		<b>No</b>
	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X, line 21.		-					line 9, oi		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	3						Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.		•								
	t V Endowment Funds. Complete i							<u></u>			
	Zilastrilone i anasi complete i	(a) Current year	(b) Prior		(c) Two year			veare hack	(a) Four	· veare	hack
10	Beginning of year balance	. ,	(b) Filor	yeai	(C) TWO YOU	3 Dack	(u) IIIIcc	yours back	(e) i oui	yours	Dack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	<u></u> %									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held a	nd administe	red for	the organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV, lir	ne 11a. S	See Form 990	), Part X	, line 10.				
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Boo	k value	 е
		basis (investr		` '	(other)		preciation		,_, 200		-
	Land	<u> </u>			. ,						
	Buildings										
	Leasehold improvements							-			
	Equipment							-			
	Other		V 00/1:1:2:1	(D) !: 1	100)			<del>_</del> +			0.
rota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	∧, column (	ם, iine i	UC.)			. ▶			<b>U</b> •

Schedule D (Form 990) 2016

		<b></b>	_					
rm 990)	2016	T	HE	BARTH	SYNDROME	FOUNDATION,	INC.	22-37

Part VII Investments - Other Securities.			, , ,
Complete if the organization answered "Yes"		·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	F 000 D+ IV	/ Bas dds Oss Faves 000 Part V Bas d	10
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		st or end-of-year market value
	(b) Book value	(c) Method of Valuation.	St of cha of year market value
(1)		+	
(2)		+	
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Part X, line	15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		(, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ▶		
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the footn	note to the organization's financial stat	ements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

2011 200 E	10	<i></i>		
Part XI Reconcilia	ation of Revenue per A	Audited Finance	cial Statements With	Revenue per Retu

. u	reconciliation of revenue per Addited I mandar state	incite with	nevenue per m	Ctuii	••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,135,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	53,582.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	53,582.
3	Subtract line 2e from line 1			3	1,082,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,082,407.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	1,231,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,231,511.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.

#### Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

THE FOUNDATION IS REQUIRED TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION UNLESS IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES RELATED TO ANY UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. THE FOUNDATION HAS NO AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AS OF DECEMBER 31, 2016. BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEAR ENDED DECEMBER 31, 2016.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	THE	BARTH	SYNDROME	FOUNDATION,	INC.	22-3755704	Page 5
Schedule D (Form 990) 2016  Part XIII   Supplemental Info	rmation	(continued)					
		,					

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

rame of the organization					Employer identifi	
THE BARTH SYNDR	OME FOUN	DATION,	INC.		22-375570	4
			tside the United States. Compl	ete if the organ		
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
2 For grantmakers. Desc	ribo in Part V the	organization's	procedures for monitoring the use of it	e grante and o	thor assistance out	sido tho
United States.	inde in Fait V tile	e organization s	procedures for monitoring the use of it	.s grants and o	iner assistance out	side tile
	he following Parl	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
		in the region	recipients located in the region)	OI SEI VICE		in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	RESEARCH		21,154.
						, -
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	RESEARCH		76,100.
3 a Sub-total	0	0				97,254.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	1 0	0				97 254.

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

Schedule F (Form 990) 2016

Part II Grants and Oth	er Assistance to Or	ganizations or Entities	Outside the United States. C	omplete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
recipient who rec	ceived more than \$5	,000. Part II can be dupli	icated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	21,154.	СНЕСК	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	RESEARCH	26,100.	CUECK	0.		
		GREENLAND)	RESEARCH	20,100.	CHECK	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	RESEARCH	50,000.	CHECK	0.		
		,						
		I		1	1			l

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

Schedule F (Form 990) 2016

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

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

# Schedule F (Form 990) 2016 Part V | Supplemental Information

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

PART	I.	LINE	2:

PRIOR TO MAKING ANY PAYMENT, WE REQUIRE CERTIFICATION OF THE USE OF FUNDS
FROM THE CONTRACTING OFFICER OF THE INSTITUTION RECEIVING THE GRANT ON
BEHALF OF THE GRANT RECIPIENT. EVERY SIX MONTHS THEREAFTER, AND PRIOR TO
ANY SUBSEQUENT PAYMENTS, THE CERTIFYING OFFICER OF THE INSTITUTION AND
THE GRANT RECIPIENT MUST SIGN A DOCUMENT CERTIFYING THAT THE RESEARCH IS
CONTINUING AS PLANNED AND THAT REASONABLE PROGRESS IS BEING MADE IN
ACCORDANCE WITH THE ORIGINAL PROPOSAL. FOLLOWING COMPLETION OF THE WORK,
A SUMMARY OF THE RESEARCH RESULTS IS REQUIRED TO BE SENT TO US AS WELL AS
ANY PUBLISHED FINDINGS.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  THE BARTH	SYNDROME	E FOUNDATION	N, INC.				Employer identification number 22-3755704
Part I General Information on Grants a			•				
<ol> <li>Does the organization maintain records criteria used to award the grants or assisted.</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?				y for the grants or as		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	itional space is need	ded.			
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERISTY OF TEXAS HEALTH SCIENCES CENTER - 7703 FLOYD CURL							
DR - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	100,000.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	50,000.	0.			RESEARCH
WAYNE STATE UNIVERSITY 42 WEST WARRENT AVENUE DETROIT MI 48202	38-6028429		50,000.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 S. EUCLID AVE - ST. LOUIS, MO 63110	14-3065361	501(C)(3)	50,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	he line 1 table				<b>&gt;</b>

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

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

Schedule I (Form 990) (2016)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
PRIOR TO MAKING ANY PAYMENT, WE RE	QUIRE CE	RTIFICATIO	N OF THE U	SE OF FUNDS	
FROM THE CONTRACTING OFFICER OF TH	E INSTIT	UTION RECE	IVING THE	GRANT ON	
BEHALF OF THE GRANT RECIPIENT. EVE	RY SIX M	ONTHS THER	REAFTER, AN	D PRIOR TO	
ANY SUBSEQUENT PAYMENTS, THE CERTI	FYING OF	FICER OF T	HE INSTITU	TION AND THE	
GRANT RECIPIENT MUST SIGN A DOCUME	NT CERTI	FYING THAT	THE RESEA	RCH IS	
CONTINUING AS PLANNED AND THAT REA	SONABLE :	PROGRESS I	S BEING MA	DE IN	
ACCORDANCE WITH THE ORIGINAL PROPO	SAL. FOL:	LOWING COM	MPLETION OF	THE WORK, A	
SUMMARY OF THE RESEARCH RESULTS IS	REQUIRE	D TO BE SE	ENT TO US A	S WELL AS ANY	

## **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE BARTH SYNDROME FOUNDATION, INC. Employer identification number 22-3755704

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	<ul> <li>X Compensation committee</li> <li>Independent compensation consultant</li> <li>X Written employment contract</li> <li>X Compensation survey or study</li> </ul>			
	Through the form 990 of other organizations  Through the form 990 of other organizations  Through the form 990 of other organizations  Through the form 990 of other organization committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
a	The organization?	6a		X
b	Any related organization?	6b		_^
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
8	not described on lines 5 and 6? If "Yes," describe in Part III	7		-25
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	10guidani 000tion 00.7000 0(o):	ن ا		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name and Title	(A) Name and Title compensation incentive		(iii) Other reportable compensation	(iii) Other compensation reportable		(B)(I)-(U)	in column (B) reported as deferred on prior Form 990		
(1) MATTHEW TOTH	(i)	152,870.	0.	0.	0.	11,192.		0.	
DIR OF SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) VALERIE BOWEN	(i)	79,719.	0.	0.	0.	4,093.		0.	
PRESIDENT, FORMER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

THE BARTH SYNDROME FOUNDATION, INC.

 $Employer\ identification\ number \\ 22-3755704$ 

Pai	tΙ	Types of Property								
			(a) (b)		(c)		(d)			
			Check if	Check if Number of Noncash contribution Method o pplicable contributions or amounts reported on noncash cont			determining		•	
			арріісаріе		Form 990, Part VII		Honcash contri	ulion a	nount	5
1	Art -	Works of art								
2		Historical treasures								
3		Fractional interests								
4		ks and publications								
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded		X	7	66	,323.	COST ON DA	Y OF	DO	NAT
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13		lified conservation contribution -								
	Histo	oric structures								
14		lified conservation contribution - Other								
15	Real	estate - Residential								
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Othe	er <b>&gt;</b> ()								
26	Othe	er <b>\</b> ()								
27	Othe	er <b>&gt;</b> ()								
28	Othe	er <b>&gt;</b> (								
29	Number of Forms 8283 received by the organization during the tax year for contributions									
	for v	hich the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement	29				
									Yes	No
30a	Duri	ring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it								
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period?							30a		<u> </u>
b	<b>b</b> If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							31		X
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,						cked,			
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)									

Schedule M (Form 990) (2016)

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### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BARTH SYNDROME FOUNDATION, INC. **Employer identification number** 22-3755704

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATIONS ADDRESSING THE CAUSES, DIAGNOSIS, TREATMENT AND CURE OF BARTH SYNDROME; AND 3) TO ASSIST IN THE SUPPORT OF FAMILIES WITH CHILDREN SUFFERING FROM BARTH SYNDROME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COSTS RELATING TO AWARENESS.

EXPENSES \$ 248,031. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS VIA EMAIL PRIOR TO BEING FILED WITH IRS. ALL DIRECTORS ARE AFFORDED THE OPPORTUNITY TO ASK QUESTIONS AND OFFER EDITS. THE DECISION OF WHETHER TO MAKE EDITS IS MADE BY THE STAFF PERSON IN CHARGE OF FINANCES WITHIN THE ORGANIZATION IN CONJUNCTION WITH CONSULTATION WITH OUR TAX PREPARER.

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

EACH BOARD MEMBER AND ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF BARTH SYNDROME FOUNDATION (BSF) MUST FILL OUT AN ANNUAL DECLARATION STATING THAT THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS. IT IS THE RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO BSF.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

THE BARTH SYNDROME FOUNDATION, INC.

Employer identification number 22-3755704

FORM 990, PART VI, SECTION B, LINE 15:

EACH YEAR, THE EXECUTIVE AND COMPENSATION COMMITTEES REVIEW COMPARABLE

SALARIES BASED ON A RECOGNIZED STUDY, REVIEWS INFORMATION FROM OTHER

COMPARABLE ORGANIZATIONS' 990'S, AND REVIEWS THE PERFORMANCE OF THE

EXECUTIVE DIRECTOR AND THE KEY EMPLOYEES TO DETERMINE IF THE EXISTING

SALARIES FALL WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A

NEW PROPOSED SALARY AND BENEFIT PACKAGE IS VOTED ON. THE MINUTES OF THE

BOARD OF DIRECTORS REFLECT THE NATURE OF THIS PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
MA,NY,CT,NJ,IL,TN,PA,VA,CA,FL,MD,UT,GA,KS,OH

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND
OTHER POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS
WEBSITE AND/OR BY REQUEST.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR IN THE OVERSIGHT OF THE

AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE FOUNDATION HAS

AN AUDIT CCOMMITTEE COMPRISED OF THE CHAIRMAN, TREASURER AND SECRETARY.

THE AUDIT COMMITTEE IS RESPONSBILE FOR THE SELECTION OF THE INDEPENDENT

ACCOUNTANT AND FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL

STATEMENTS.