

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization CSNK2A1 FOUNDATION
D Employer identification number 82-4220939
E Telephone number 415-501-0147
G Gross receipts \$ 840,107.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.CSNK2A1FOUNDATION.ORG
K Form of organization:
L Year of formation: 2018
M State of legal domicile: CA

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses breakdown, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: JENNIFER SILLS, EXECUTIVE DIRECTOR
Paid Preparer Use Only: STEVE KING, MANDEL & KING, CPA'S

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part 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:

FOCUS ON FINDING A CURE FOR OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME AND ENSURING INDIVIDUALS HAVE THE OPPORTUNITIES AND SUPPORT NECESSARY FOR HAPPY AND FULL LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 417,621. including grants of \$ 234,219.) (Revenue \$) SEE STATEMENT

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 417,621.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states with copy requirements, public inspection of forms, availability of governing documents, and books and records.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	510,965.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	87,838.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		598,803.				
Program Service Revenue	2 a RESTRICTED INCOME	Business Code	611710	100,000.	100,000.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		100,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,341.	60,341.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 510,965. of contributions reported on line 1c). See Part IV, line 18	8a		78,211.				
			78,211.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		775.				
			7,729.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-6,954.	-6,954.			
Miscellaneous Revenue	11 a CHANGE IN VALUE	Business Code	611710	1,477.	1,477.		
	b CREDIT CARD REBATE CAS		611710	500.	500.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,977.			
12 Total revenue. See instructions			754,167.	155,364.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	234,219.	234,219.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	158,462.	126,770.	31,692.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	699.	559.	140.	
10 Payroll taxes	12,122.	9,698.	2,424.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,370.	5,096.	1,274.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,949.	7,924.	25.	
12 Advertising and promotion	3,325.	3,167.	158.	
13 Office expenses	3,921.	444.	3,069.	408.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	26,488.	15,977.	10,511.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OUTSIDE SERVICES	72,953.	6,600.	55,858.	10,495.
b MATERIALS & SUPPLIES	26,138.			26,138.
c CATERING & ACTIVITIES	9,632.			9,632.
d EQUIPMENT RENTAL	6,981.			6,981.
e All other expenses	27,455.	7,167.	12,983.	7,305.
25 Total functional expenses. Add lines 1 through 24e	596,714.	417,621.	118,134.	60,959.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	214,695.	1	365,607.	
	2 Savings and temporary cash investments	1,041,097.	2	1,092,731.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		50,000.	15	10,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,305,792.	16	1,468,338.	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		4,927.	25	10,020.
	26 Total liabilities. Add lines 17 through 25		4,927.	26	10,020.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		27		
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds	0.	29	0.	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.	
	31 Retained earnings, endowment, accumulated income, or other funds	1,300,865.	31	1,458,318.	
	32 Total net assets or fund balances	1,300,865.	32	1,458,318.	
33 Total liabilities and net assets/fund balances	1,305,792.	33	1,468,338.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	754,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	157,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,300,865.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,458,318.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,463.	268,542.	60,374.	163,525.	87,838.	659,742.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	79,463.	268,542.	60,374.	163,525.	87,838.	659,742.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						659,742.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	79,463.	268,542.	60,374.	163,525.	87,838.	659,742.
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						659,742.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test - 2024. 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

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 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 - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CSNK2A1 FOUNDATION

Employer identification number

82-4220939

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>JASON & JENNIFER SILLS</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>25,855.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>MICHAEL GROSSMAN</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>36,104.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>NEERAJ GUNSAGER</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>23,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>EDNA & MONROE GUTMAN FOUNDATOIN</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>JOAN DAVIS</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>79,130.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>THERESIA GOUW</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>CHAN ZUCKERBERG INITIATIVE</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>KURT SKARIN</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>12,851.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>STEPHEN LIBONATI</u> <u>C/O 1929 VAN NESS AVENUE</u> <u>SAN FRANCISCO, CA 94109</u>	\$ <u>12,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)
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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **CSNK2A1 FOUNDATION** Employer identification number **82-4220939**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost 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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL ONE	10,020.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,020.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **CSNK2A1 FOUNDATION** Employer identification number **82-4220939**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INSTITUTE DE PSYCHIATRIE ET NUEROSCIENCE DE PARIS - 102, RUE DE LA SANTE - PARIS, FRANCE 75014			47,055.	0.			MULTI-YEAR PROJECT STUDYING BIOCHEMISTRY OF OCNDS
UNRAVEL BIOSCIENCES 196 BOSTON AVE., STE 1000 MEDFORD, MA 02155			28,500.	0.			MULTI-YEAR PROJECT STUDYING BIOCHEMISTRY OF OCNDS
UNIVERSITY OF UTAH 201 PRESIDENTS' CIRCLE SALT LAKE CITY, UT 84112			36,439.	0.			MULTI-YEAR PROJECT STUDYING BIOCHEMISTRY OF OCNDS
TRANSLATIONAL GENOMICS 445 N. 5TH ST., 4TH FLOOR PHOENIX, AZ 85004			101,990.	0.			MULTI-YEAR PROJECT STUDYING BIOCHEMISTRY OF OCNDS
TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - OFFICE OF THE UNIV SEC/1 COLLEGE HALL, RM 211 - PHILADELPHIA, PA 19104-6303			15,235.	0.			MULTI-YEAR PROJECT STUDYING BIOCHEMISTRY OF OCNDS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENSURING AFFECTED INDIVIDUALS HAVE THE OPPORTUNITIES AND SUPPORTS
NECESSARY FOR HAPPY AND FULL LIVES.

FORM 990, PART III, LINE 4A
2024 CSNK2A1 FOUNDATION END OF YEAR IMPACT REPORT

FOUNDATION OVERVIEW

-OCNDS DISCOVERED: 2016 | FOUNDATION ESTABLISHED: 2018

-MISSION: FOCUSED ON FINDING A CURE FOR OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME AND ENSURING AFFECTED INDIVIDUALS HAVE THE OPPORTUNITIES AND SUPPORTS NECESSARY FOR HAPPY AND FULL LIVES.

-HALLMARK SYMPTOMS: SPEECH DELAY OR INABILITY TO SPEAK, GLOBAL DEVELOPMENTAL DELAY, INTELLECTUAL DISABILITY, AUTISM SPECTRUM DISORDER TRAITS, POSTNATAL SHORT STATURE, BRAIN MRI ABNORMALITIES, HYPOTONIA, SEIZURES, AND SLEEP ISSUES.

-OCNDS AFFECTED EVERY PATIENT DIFFERENTLY. THE SYMPTOMS RANGE FROM MILD TO SEVERE.

-GLOBAL REACH: 291 FAMILIES REGISTERED WITH THE FOUNDATION (+73) SPANNING 42 COUNTRIES (+8) AND 25 LANGUAGES (+3).

-ALL (+) ARE INCREASES SINCE DECEMBER 2023

-6 KEY FOCUS AREAS: RESEARCH, ADVOCACY, AWARENESS, FUNDRAISING, FAMILY SUPPORT, AND CAPACITY BUILDING.

RESEARCH. RESEARCH IS THE CORNERSTONE OF ADVANCING UNDERSTANDING, TREATMENT, AND, ULTIMATELY, A CURE FOR OCNDS. SUPPORTING SCIENTIFIC STUDIES AND DATA COLLECTION HELPS UNCOVER THE MECHANISMS OF THE CONDITION AND IDENTIFY THERAPEUTIC OPPORTUNITIES.

-SIMONS SEARCHLIGHT - THIS IS OUR NATURAL HISTORY STUDY THROUGH THE SIMONS FOUNDATION AUTISM RESEARCH INITIATIVE. THEY COLLECT FAMILY, MEDICAL, DEVELOPMENTAL, AND BEHAVIORAL INFORMATION. INFORMATION IS SYNTHESIZED AND RESULTS ARE PROVIDED BACK TO FAMILIES. DATA IS THEN SHARED WITH QUALIFIED RESEARCHERS. THIS STUDY IS CRUCIAL TO BETTER UNDERSTAND HOW OCNDS AFFECTS PEOPLE OVER TIME.

-WE ENDED 2024 WITH:

-147 INDIVIDUALS REGISTERED (+34)

-141 INDIVIDUALS FULLY CONSENTED (+35)

-126 INDIVIDUALS WITH LAB REPORTS APPROVED (+35)

-92 INDIVIDUALS WITH COMPLETED MEDICAL HISTORY INTAKE SURVEYS (+21)

-THIS IS IMPORTANT AS THIS INTAKE IS THE MAIN DATASET THAT RESEARCHERS USE TO TRY AND BETTER UNDERSTAND OCNDS

-30 INDIVIDUALS WHO SUBMITTED BLOOD SAMPLES (+7)

-THESE ARE IMPORTANT AS THEY PROVIDE CRUCIAL SAMPLES FOR RESEARCHERS AND SIMONS CAN GENERATE A SPECIAL TYPE OF CELL LINE, CALLED AN INDUCED PLURIPOTENT STEM CELL (IPSC) LINE FROM THE BLOOD SAMPLES

-109 SURVEYS WERE COMPLETED BY PARTICIPANTS

-OCNDS PUBLICATIONS

-2024 ENDED WITH 38 (+9) TOTAL PUBLICATIONS ABOUT OCNDS/RELATED TO OCNDS

-FIRST FOUNDATION PUBLICATION: RUSHING GV, SILLS J. PATIENT ORGANIZATION PERSPECTIVE: A RESEARCH ROADMAP FOR OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME. THER ADV RARE DIS. 2024

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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-RESEARCH EXPLAINED HERE

-1ST MOUSE MODEL OF OCNDS CHARACTERIZED: MISSENSE MUTATION IN THE ACTIVATION SEGMENT OF THE KINASE CK2 MODELS OKUR-CHUNG NEURODEVELOPMENTAL DISORDER AND ALTERS THE HIPPOCAMPAL GLUTAMATERGIC SYNAPSE

FORM 990, PART III, LINE 4A (CONTINUED)

-OTHERS PUBLICATIONS (LINKED TO THE CORRESPONDING RESEARCH EXPLAINED):

-OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME: IMPLICATIONS FOR PHENOTYPE AND GENOTYPE EXPANSION

-PATIENT WITH A HETEROZYGOUS PATHOGENIC VARIANT IN CSNK2A1 GENE: A NEW CASE TO UPDATE THE OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME

-INHERITED LOSS OF FUNCTION VARIANT IN CSNK2A1: THE OLDEST REPORTED CASES OF OKUR-CHUNG SYNDROME IN A SINGLE FAMILY

-IMPROVEMENT OF VARIANT RECLASSIFICATION IN GENETIC NEURODEVELOPMENTAL CONDITIONS

-EXPANDING THE PHENOTYPIC SPECTRUM OF CSNK2A1-ASSOCIATED OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME

-QUANTIFYING NEUROBEHAVIORAL PROFILES ACROSS NEURODEVELOPMENTAL GENETIC SYNDROMES AND IDIOPATHIC NEURODEVELOPMENTAL DISORDERS

-MOTOR PHENOTYPES ASSOCIATED WITH GENETIC NEURODEVELOPMENTAL DISORDERS

-RESEARCH EXPLAINED COMING SOON!

-PLANNING OUR 2025 SCIENTIFIC AND FAMILY CONFERENCE

-JULY 17-20, 2025

-LOCATION: EMBASSY SUITES BY HILTON DENVER CENTRAL PARK LOCATED AT 4444 N. HAVANA STREET, DENVER, CO 80239

-ARE YOU A RESEARCHER WANTING TO ATTEND? EMAIL DR. RUSHING (GABRIELLE@CSNK2A1FOUNDATION.ORG)

-FAMILY REGISTRATION COMING SOON!

-GRANTS

-APPLIED FOR 7 HIGHLY COMPETITIVE GRANTS; RECEIVED 2 GRANTS

-CHAN ZUCKERBERG INITIATIVE RARE AS ONE CYCLE 3: \$800,000 OVER 5 YEARS

-2024 #RAREIS GLOBAL ADVOCATE GRANT: \$5,000 TO TRANSLATE KEY RESOURCES FOR FAMILIES

-ONE GRANT APPLICATION IS PENDING

-RESEARCH PROJECTS

-AWARDED 1 NEW RESEARCH GRANT:

-UNRAVEL BIOSCIENCES - NASAL SWABS FROM INDIVIDUALS WITH CSNK2A1 K198R VARIANT

-AIMS: THEY WILL GENERATE RNA SEQUENCING DATA FROM THE NASAL SWABS THAT WILL BE USED TO PREDICT DRUGS AND THERAPEUTIC MECHANISMS USING THE BIONAV PLATFORM. THIS WILL GENERATE THE FIRST PRIMARY CLINICAL MOLECULAR DATASET FOR CSNK2A1.

-STATUS: AWAITING SAMPLE SUBMISSION FROM ALL FAMILIES. WE EXPECT DATA IN Q1 OF 2025.

-FUNDRAISED TO SUPPORT 1 NEW RESEARCH GRANT THROUGH THE MILLION DOLLAR BIKE RIDE:

-DR. HALIM LOUKIL - DECIPHERING PERTURBATIONS OF PRIMARY CILIA IN OKUR-CHUNG NEURODEVELOPMENTAL DISORDER.

-DR. LOUKIL WILL FURTHER INVESTIGATE THE MECHANISMS BY WHICH VARIANTS IN CSNK2A1 AFFECT CILIA BIOLOGY; CILIA ARE IMPORTANT FINE HAIRLIKE PROJECTIONS FROM CERTAIN CELLS THAT HAVE VARYING FUNCTIONS IN OUR

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BODIES. THIS PROJECT WILL HELP RESEARCHERS BETTER UNDERSTAND WHAT DIFFERENT MUTATIONS IN CSNK2A1 DO IN THE BODY AND WHAT SIGNALING PATHWAYS MAY BE DISRUPTED; THIS WILL HELP THE FOUNDATION BETTER UNDERSTAND WHAT THERAPEUTIC APPROACHES TO PURSUE.

FORM 990, PART III, LINE 4A (CONTINUED)

-MADE STRIDES WITH 3 ADDITIONAL GRANTS FUNDED AT THE END OF 2023:
 -DR. CLEMENT CHOW - DRUG REPURPOSING SCREEN USING OCNDS FLY MODEL
 -AIMS: DR. CHOW UTILIZED THE PRESTWICK CHEMICAL LIBRARY CONSISTING OF 1,520 COMPOUNDS USING A FLY MODEL OF OCNDS WHERE THE LEVELS OF CK2 PROTEIN ARE REDUCED (REPRESENTING INDIVIDUALS WITH DELETION VARIANTS OR VARIANTS IN CSNK2A1 WHERE THERE IS A LOSS OF NORMAL FUNCTION). USING THE FLY EYE STRUCTURE AS A READOUT OF DRUG EFFECTS, HIS LAB WILL GENERATE A LIST OF 'HITS' (COMPOUNDS) THAT IMPROVE THE FLY'S SYMPTOMS.
 -STATUS: TOP 12 HITS ARE BEING VALIDATED. ONCE COMPLETE, WE MAY TEST COMPOUNDS IN OTHER MODELS (E.G., CELL LINES, MOUSE MODEL).

-DR. MATT HUENTELMAN - CHARACTERIZATION OF CSNK2A1 DISEASE CAUSING VARIANTS IN TWO-DIMENSIONAL DIFFERENTIATED NEURONS
 -AIMS: CHARACTERIZE THE GENOTYPE-PHENOTYPE RELATIONSHIP FOR SEVERAL DISEASE-CAUSING VARIANTS WITHIN THE CSNK2A1 GENE IN PATIENT-DERIVED 2D CULTURES OF DIFFERENTIATED NEURONS GENERATED FROM INDUCED PLURIPOTENT STEM CELLS (IPSCS). THIS PROJECT WILL BE CRITICAL IN DETERMINING THE UTILITY OF THESE PATIENT LINES FOR FURTHER STUDIES SUCH AS DRUG REPURPOSING AND/OR GENE-MODIFYING THERAPEUTIC APPROACHES. FURTHERMORE, WE WILL GAIN VALUABLE INSIGHTS INTO HOW CHANGES IN THE CSNK2A1 GENE AFFECT DEVELOPMENT.
 -STATUS: CELL LINES RECEIVED AT TGEN; SOME LINES SUCCESSFULLY GROWING. DATA IS EXPECTED BY THE CONFERENCE IN JULY 2025.

-DR. HEIKE REBHOLZ - CHARACTERIZATION OF MOUSE MODELS OF OCNDS
 -AIMS: CHARACTERIZE FOUR MOUSE MODELS OF OCNDS, WHOSE MUTATIONS IN THE CSNK2A1 GENE REPRESENT MANY VARIANTS SEEN IN PATIENTS. THROUGH THIS STUDY, THE EFFECTS OF OCNDS WILL BE PROFILED FROM A MACROSCOPIC TO MICROSCOPIC LEVEL, LOOKING FOR CHANGES IN BEHAVIOR, NEURON FUNCTIONALITY, AND THE PROTEOME. THIS WILL PROVIDE CONCLUSIVE EVIDENCE FOR THE MOLECULAR BASIS OF OCNDS AND WILL PROVIDE PRE-CLINICAL MODELS FOR TESTING FUTURE TREATMENTS.
 -STATUS: K198R MOUSE LINE CHARACTERIZED IN A PUBLICATION. A LOSS OF FUNCTION MODEL (ONE COPY OF CSNK2A1 IS KNOCKED OUT) AND R47G MODEL CURRENTLY BEING ANALYZED FOR BEHAVIOR AND FUNCTION. THE 4TH MODEL (R312W) HAS UNFORTUNATELY BEEN LOST DUE TO UNFORESEEN CIRCUMSTANCES WITH HOW THE MODEL WAS GENERATED.

FORM 990, PART III, LINE 4A (CONTINUED)

-SCIENTIFIC COLLABORATION
 -HOSTED 4 SCIENTIFIC ROUNDTABLES
 -84 CONTACTS ON OUR SCIENTIFIC ROUNDTABLE EMAIL LIST
 -MET WITH KEY CSNK2B RESEARCHERS AT COLUMBIA.
 -CSNK2B IS THE 'SISTER GENE' TO CSNK2A1; THE B GENE PRODUCES THE BETA SUBUNIT OF THE PROTEIN CK2 WHEREAS A1 PRODUCES THE ALPHA SUBUNIT.
 -PARTNERED WITH CITIZEN HEALTH TO PROVIDE FAMILIES WITH A RESOURCE TO STORE ALL THEIR MEDICAL RECORDS IN ONE LOCATION AND PARTICIPATE IN OPTIONAL OCNDS RESEARCH; WE ENROLLED 62 INDIVIDUALS
 -SPONSORED YOUNG INVESTIGATORS WITH A \$5,000 GRANT TO ATTEND THE INTERNATIONAL CK2 CONFERENCE IN GERMANY.

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-JOSE CRUZ GAMERO OF THE REBHOLZ LAB IN PARIS DEFENDED HIS THESIS PROJECT "DECIPHERING THE ROLE OF PROTEIN KINASE CK2 IN A NOVEL MOUSE MODEL OF OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME".

ADVOCACY. ADVOCACY PLAYS A PIVOTAL ROLE IN CHAMPIONING THE RIGHTS AND NEEDS OF INDIVIDUALS WITH OCNDS. BY ENGAGING WITH POLICYMAKERS, HEALTHCARE PROFESSIONALS, AND THE BROADER COMMUNITY, WE WORK TO SHAPE POLICIES, RAISE AWARENESS, AND SECURE NECESSARY RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR THOSE AFFECTED.

-LETTERS OF SUPPORT

-SIGNED ON TO 35 LETTERS OF SUPPORT ON VARIOUS ISSUES IMPORTANT TO OUR COMMUNITY INCLUDING:

-INCREASED FEDERAL INVESTMENT IN EPILEPSY RESEARCH, EDUCATION ABOUT SEIZURE AWARENESS, AND FUNDING FOR CLINICAL TRIAL READINESS PROGRAMS FOR RARE DISEASES.

-REAUTHORIZATION OF THE RARE PEDIATRIC DISEASE PRIORITY REVIEW PROGRAM, A VOUCHER THAT THE FDA AWARDS TO COMPANIES THAT DEVELOP THERAPIES FOR RARE PEDIATRIC DISEASES. PRIORITY REVIEW MEANS THE FDA WILL ACT ON THE APPLICATION SOONER THAN IT WOULD FOR A REGULAR APPLICATION.

-IMPROVING CROSS STATE ACCESS TO MULTI-DISCIPLINARY TEAMS OF MEDICAL SPECIALISTS IN-PERSON FOR DRUG ADMINISTRATION AND OTHER SERVICES, AS WELL AS THROUGH TELEHEALTH.

-ENCOURAGING THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE (CIRM) TO CONTINUE FUNDING RESEARCH INTO RARE DISEASE BIOLOGY AND TREATMENTS.

-RARE DISEASE WEEK

-JENNIFER AND PAB MEMBER TERRI JORDAN ATTENDED RARE DISEASE WEEK IN WASHINGTON, D.C. AND MEET WITH REPRESENTATIVES FROM CALIFORNIA AND MISSOURI TO TALK ABOUT ISSUES AFFECTING RARE DISEASE FAMILIES. THEY ALSO ATTENDED A BRAINSTORMING SESSION TO DISCUSS FEDERAL LEGISLATIVE LANGUAGE, EPICRD - THE ENSURING PARITY THROUGH INDIVIDUALIZED CARE FOR RARE DISORDERS ACT.

"PUBLISHED & DISTRIBUTED 2ND ADVOCACY ONE-PAGER TAILORED FOR POLICYMAKERS.

"LEADERSHIP ROLES: JENNIFER SILLS SERVED ON THE CALIFORNIA COALITION FOR TELEHEALTH FOR CALRARE.

FORM 990, PART III, LINE 4A (CONTINUED)

AWARENESS. AWARENESS IS CRUCIAL TO OUR MISSION. NEVER UNDERESTIMATE THE POWER OF KNOWLEDGE AND AWARENESS. WITH AWARENESS COMES SOCIAL ACCEPTANCE AND KINDNESS, WHICH CAN MEAN ALL THE DIFFERENCE TO A FAMILY STRUGGLING WITH BASIC DAILY ACTIVITIES. WITH AWARENESS COMES MORE FUNDING FOR RESEARCH AND ADVOCACY. WITH AWARENESS COMES INTEREST FROM RESEARCHERS, BIOTECH, AND PHARMA WHICH CAN LEAD TO A TREATMENT OR A CURE. AND WITH AWARENESS COUPLED WITH ACTION, WE ARE ONE STEP CLOSER TO UNDERSTANDING AND TREATING OCNDS.

-FDA PATIENT LISTENING SESSION

-WE HELD A LISTENING SESSION ON JULY 23, 2024. THIS EFFORT WAS A CRITICAL STEP TOWARD ENSURING THAT THE PATIENT AND FAMILY EXPERIENCE IS HEARD LOUD AND CLEAR BY REGULATORY DECISION-MAKERS. BY SHARING OUR STORIES AND INSIGHTS WITH THE FDA, WE'RE PAVING THE WAY FOR FUTURE ADVANCEMENTS IN TREATMENT AND CARE.

-OUR OFFICIAL SUMMARY REPORT CAPTURES THE EXPERIENCES OF FAMILIES AFFECTED BY OCNDS.

-OCNDS AWARENESS DAY

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-OVER 19 DIFFERENT BRIDGES, PLACES OF INTEREST, AND MONUMENTS AROUND THE WORLD LIT UP IN OUR FOUNDATION COLORS GREEN AND BLUE, INCLUDING NIAGARA FALLS AND HIGH LEVEL BRIDGE.

-6 PROCLAMATIONS WERE ISSUED DECLARING APRIL 5TH AS OCNDS AWARENESS DAY, INCLUDING ST. LOUIS COUNTY, CITY OF DENVER, NOVA SCOTIA, CANADA, STATE OF WYOMING ISSUED BY THE GOVERNOR, STATE OF COLORADO, CITY OF ST. LOUIS.

-FEATURES. UTILIZING A RANGE OF MEDIA AND MEDIUMS, OCNDS FAMILIES AND FOUNDATION STAFF HAVE EFFECTIVELY ELEVATED AWARENESS FOR OCNDS. THROUGH BLOGS, FEATURES IN LOCAL AND NATIONAL NEWS AND ARTICLES, PARTICIPATION IN PODCASTS, INCLUSION IN A DOCUMENTARY, AND RADIO APPEARANCES, WE WERE ABLE TO FURTHER BROADEN THE REACH OF OUR MESSAGE. THESE DIVERSE APPROACHES UNDERScore THE SIGNIFICANCE OF TAPPING INTO VARIOUS MEDIA CHANNELS TO CATER TO DIFFERENT AUDIENCES, ULTIMATELY FOSTERING A COMPREHENSIVE UNDERSTANDING OF OCNDS AND GARNERING SUPPORT FOR ONGOING RESEARCH AND SUPPORT INITIATIVES. HERE ARE SOME OF THOSE HIGHLIGHTS:

-FEATURED BLOG ABOUT THE FOUNDATION PUBLISHED BY THE CHICAGO COUNCIL ON SCIENCE AND TECHNOLOGY (C2ST), WRITTEN BY PHD CANDIDATE MACKENZIE SMITH (LOYOLA UNIVERSITY), WHOM DR. RUSHING MET AT THE SOCIETY FOR NEUROSCIENCE CONFERENCE.

-RARE DISEASE DAY 2024 REFLECTION BY KERI NINNESS. READ MORE HERE.

-PARENT ADVISORY BOARD MEMBER CLAIRE WHITEHILL AND HER FAMILY WERE IN THE NEWS TALKING ABOUT OCNDS AWARENESS DAY. READ MORE HERE.

-CLAIRE WHITEHILL WORKED CLOSELY WITH GENOMICS ENGLAND TO SHARE HER DAUGHTER KIRSTY'S OCNDS STORY AND THE IMPORTANCE OF WHOLE GENOME SEQUENCING. GENOMICS ENGLAND IS PERMANENTLY FEATURING OCNDS AND KIRSTY'S STORY ON THEIR WEBSITE. CHECK IT OUT HERE.

-OUR VERY OWN AMBER REYNOLDS WAS FEATURED ON A PODCAST FROM DISABILITY PARENTING POD. FROM FOCUSING ON LIMITATIONS TO CELEBRATING "INCHSTONES," AMBER'S STORY REMINDS US TO CHERISH EVERY SMALL VICTORY IN PARENTING. LISTEN NOW HERE.

-JENNIFER SILLS BRAVELY SHARED HER RARE DISEASE JOURNEY FROM RELIEF TO ANGER IN A BLOG POST. READ HER RAW & VULNERABLE PIECE, "ONE FOOT IN FRONT OF THE OTHER: NAVIGATING ANGER" HERE.

-EPISODE 4 OF THE *DADAPTATION* PODCAST FEATURING ONE OF OUR OWN, BRIAN REYNOLDS (DAD TO HARPER), IS NOW LIVE ON SPOTIFY AND APPLE PODCASTS! LISTEN ON SPOTIFY:

[HTTPS://OPEN.SPOTIFY.COM/EPISODE/70DYVOEWJSELV72JLZR TSA...](https://open.spotify.com/episode/70dyvoewjselv72jlrtsa...)

-JENNIFER SILLS HAS A UNIQUE GIFT FOR WEAVING HER PASSIONS INTO HER ADVOCACY FOR OCNDS. FROM HER LOVE OF MOVIES AND SPORTS TO HER EXTRAORDINARY STORYTELLING, JENNIFER CONSTANTLY FINDS CREATIVE WAYS TO RAISE AWARENESS ABOUT RARE DISEASES. SHE OCCASIONALLY CHANNELS THAT PASSION TO AMPLIFY RARE DISEASE STORIES BY REVIEWING FILMS FOR @THEDISORDERCHANNEL. DON'T MISS HER REVIEWS OF THE SAINT OF SECOND CHANCES ON NETFLIX AND ONE SHOT TO LIVE ON THE DISORDER CHANNEL, BOTH FEATURED IN RARE REVOLUTION MAGAZINE.

"WE EARNED A 2024 TOP-RATED AWARD FROM GREAT NONPROFITS FOR THE 3RD YEAR IN A ROW. READ MORE OR LEAVE A REVIEW HERE.

FORM 990, PART III, LINE 4A (CONTINUED)

FUNDRAISING. AT THE HEART OF EVERY FOUNDATION LIES THE ESSENTIAL TRUTH: IT TAKES FINANCIAL RESOURCES TO MAKE A DIFFERENCE. EVERY DOLLAR RAISED IS A BEACON OF HOPE, FUELING OUR MISSION TO BRING ABOUT MEANINGFUL CHANGE. FROM GENEROUS DONATIONS TO GRASSROOTS FUNDRAISERS, EVERY CONTRIBUTION, NO MATTER THE SIZE, PLAYS A VITAL ROLE IN OUR JOURNEY. TO

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ALL WHO GENEROUSLY GAVE OR ORGANIZED FUNDRAISERS TO SUPPORT OCNDS RESEARCH IN 2024, WE EXTEND OUR HEARTFELT GRATITUDE.

-TOTAL RAISED

- WE RAISED OVER \$600,000 THROUGH SEVERAL TYPES OF FUNDRAISERS: OUR ANNUAL GOLF TOURNAMENT IN TARZANA, CALIFORNIA, AT EL CABALLERO COUNTRY CLUB IS OUR LARGEST FUNDRAISER OF THE YEAR. THIS YEAR IT CRUSHED FOUNDATION FUNDRAISING RECORDS, RAISING OVER \$430,000 THANKS TO OUR 29 VOLUNTEERS, 123 GOLFERS AND SPONSORS AND OUR OUTSTANDING GOLF COMMITTEE JENNIFER SILLS, MICHEAL KAPLAN, JR., JOEY BEHRSTOCK, MIKE GREENFELD, J. MICHAEL GROSSMAN, MIKE GROSSMAN, CONNOR HOOPER, ERIN MASSEY, AVISHA PATEL, TRACY PHELPS. SPECIAL THANKS TO OUR TITLE SPONSOR PINNACLE CONTRACTING CORPORATION FOR LEADING BY EXAMPLE.

-MILLION DOLLAR BIKE RIDE: \$30,013 WITH A MATCHING GIFT OF \$30,000 FROM UPENN.

-RUN, WALK, & ROLL: \$23,000. WE HOSTED OUR 4TH ANNUAL VIRTUAL RUN, WALK & ROLL EVENT RAISING OVER \$23,000 WITH 275 PARTICIPANTS ACROSS 10 COUNTRIES.

-GIVING TUESDAY IS A GLOBAL DAY OF GIVING AND OUR LARGEST ON-LINE FUNDRAISING CAMPAIGN. FOR GIVING TUESDAY, WE RELEASED A VIDEO FEATURING OCNDS FAMILIES AND RESEARCHERS; THE CAMPAIGN RAISED OVER \$112,000 FOR RESEARCH, WHICH INCLUDED A \$50,000 MATCHING DONATION FROM LOYAL DONORS JOAN AND CHARLIE DAVIS.

-IN TOTAL, OUR COMMUNITY CREATED 41 FACEBOOK FUNDRAISERS!

-FACEBOOK BIRTHDAY FUNDRAISERS: \$13,288

-OTHER FACEBOOK FUNDRAISERS: \$3,336

-OTHER FUNDRAISERS: \$10,000 (INCLUDING F45 SAN MATEO COMMUNITY FUNDRAISER, TERRY JORDAN & FAMILY BOWLING EVENT, THE REYNOLDS FAMILY BREWABILITY EVENT, CHARITY DAY AT BTIG)

-IF YOU ARE INTERESTED IN HOSTING A FUNDRAISING EVENT (SUCH AS BAKE SALES, GARAGE SALES, DINE-OUT NIGHTS, FITNESS CHALLENGES, CAR WASHES), PLEASE CONTACT JENNIFER@CSNK2A1FOUNDATION.ORG TO DISCUSS HOW WE CAN SUPPORT YOUR EVENT. THESE GRASSROOTS FUNDRAISING EFFORTS CAN ENGAGE COMMUNITIES, RAISE AWARENESS, AND MAKE A MEANINGFUL IMPACT, ONE SMALL STEP AT A TIME.

FAMILY SUPPORT. SUPPORTING INDIVIDUALS AND FAMILIES LIVING WITH OCNDS IS FOUNDATIONAL TO OUR MISSION. THIS INVOLVES PROVIDING RESOURCES, CREATING A SENSE OF COMMUNITY, AND OFFERING GUIDANCE TAILORED TO THE UNIQUE CHALLENGES THEY FACE.

-REGISTRY

-IN THE CSNK2A1 FOUNDATION CONTACT REGISTRY, WE HAVE 291 (+73) INDIVIDUALS FROM 42 (+8) COUNTRIES SPEAKING 25 (+3) LANGUAGES. OUR CONTACT REGISTRY IS ONE OF A KIND, AS IT KEEPS TRACK OF THOSE WITH OCNDS, EVEN IF THEY SPEAK DIFFERENT LANGUAGES. THIS ISN'T BEING DONE ANYWHERE ELSE. THE LITERATURE DOESN'T REPRESENT ALL THE FAMILIES STRUGGLING WITH OCNDS, AND WE WANT TO GIVE A BETTER PICTURE OF HOW MANY PEOPLE ARE BEING DIAGNOSED WORLDWIDE. THIS ISN'T A PERFECT SYSTEM, AS WE KNOW MANY OTHER FAMILIES THAT HAVEN'T REGISTERED WITH THE FOUNDATION FOR VARIOUS REASONS.

-IT IS IMPORTANT FOR US TO COLLECT INFORMATION ABOUT THE DIVERSITY OF MUTATIONS AS THERE MAY BE MULTIPLE MECHANISMS CAUSING SYMPTOMS IN OCNDS; DISTINCT MUTATIONS MAY LEAD TO DIFFERENT SYMPTOMS AND/OR VARYING SEVERITY. THE REGISTRY ALSO PROVIDES US WITH IMPORTANT CONTACT INFORMATION TO PROVIDE FAMILIES WITH RELEVANT UPDATES.

-FAMILY MEETINGS

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-HOSTED 2 REGIONAL AMBASSADOR MEETUPS (CANADA AND ENGLAND) AND 7 FAMILY ZOOM CALLS	
-HOSTED 2 INTERNATIONAL FAMILY MEETINGS (PARIS AND LONDON)	

FORM 990, PART III, LINE 4A (CONTINUED)

-ACCESS TO INFORMATION

-TRANSLATED SIMPLIFIED GENEREVIEW INTO 24 LANGUAGES

-PART OF AWARENESS IS ARMING FAMILIES WITH INFORMATION. IN JUNE 2022, DR. OKUR WROTE A CHAPTER IN GENEREVIEWS ABOUT OCNDS. GENEREVIEWS IS REGARDED AS A REFERENCE RESOURCE AMONG GENETICISTS IN TERMS OF LEARNING ABOUT THE SCOPE OF A GIVEN CONDITION, MOLECULAR GENETIC CAUSES, AND SURVEILLANCE AND MANAGEMENT GUIDELINES. WE CREATED A NEW RESOURCE FOR FAMILIES TO UNDERSTAND THIS GENEREVIEW EASILY AND THIS YEAR WE TRANSLATED THIS VITAL RESOURCE INTO 22 LANGUAGES.

-HOSTED A VIRTUAL SYMPOSIUM ON APRIL 6; YOUTUBE RECORDINGS CAN BE FOUND HERE

-NEW BLOG, "SCIENCE SNAPSHOTS", AIMED AT SIMPLIFYING THE COMPLEX SCIENCE AND HEALTHCARE TOPICS SURROUNDING OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME (OCNDS) AND THE RARE DISEASE COMMUNITY.

-3 BLOGS ARE LIVE ON ICD-10 CODES AND GROWTH HORMONE

-WE DEVELOPED A NEW WEBPAGE RESOURCE WHERE FAMILIES CAN NOMINATE DOCTORS WHO ARE MAKING A POSITIVE IMPACT ON THE LIVES OF INDIVIDUALS WITH OCNDS.

-PLEASE CONTINUE TO TELL US ABOUT YOUR DOCTORS TO HELP US BUILD A MAP FOR PEOPLE TO USE AS A GUIDE.

-ICD-10 CODE APPLICATION

-ASSOCIATES AT HOGAN LOVELLS SUBMITTED OUR APPLICATION FOR AN ICD-10 CODE. UNFORTUNATELY, WE WERE NOT SELECTED FOR THE SEPTEMBER REVIEW COMMITTEE MEETING. FEEDBACK WAS ENCOURAGING AND WE EXPECT THAT OUR APPLICATION WILL BE DISCUSSED AT THEIR NEXT MEETING IN MARCH 2025.

-AN ICD-10 CODE IS IMPORTANT FOR A RARE DISEASE BECAUSE IT CREATES A STANDARD WAY FOR DOCTORS AND HOSPITALS TO IDENTIFY AND RECORD THE CONDITION. THIS HELPS WITH TRACKING THE DISEASE, IMPROVING RESEARCH, AND MAKING SURE PATIENTS CAN GET THE CARE AND INSURANCE COVERAGE THEY NEED.

-REGIONAL AMBASSADORS. REGIONAL AMBASSADORS ARE RESPONSIBLE FOR BUILDING A SUPPORTIVE OCNDS COMMUNITY WITHIN THEIR ASSIGNED REGION. THEY ARE A LIAISON BETWEEN THE FAMILIES AND THE FOUNDATION, IDENTIFYING ISSUES AND CHALLENGES THAT ARE UNIQUE TO SPECIFIC REGIONS. WE HAVE 12 REGIONAL AMBASSADORS. THIS YEAR, WE WELCOMED EDOUARD AND JUSTINE CONVAIN. MORE ABOUT OUR REGIONAL AMBASSADORS HERE.

-LAUNCHED A NEW WEBSITE MAKING RESOURCES MORE ACCESSIBLE TO ALL OCNDS STAKEHOLDERS

-FEATURED 5 MILESTONE MONDAYS CELEBRATING THE SUCCESSES OF THOSE LIVING WITH OCNDS.

-70 DEDICATED VOLUNTEERS GENEROUSLY CONTRIBUTED THEIR TIME AND EXPERTISE. THESE VOLUNTEERS SPAN THE GLOBE, REPRESENTING REGIONS SUCH AS ITALY, BRAZIL, CANADA, TEXAS, LOS ANGELES, CHICAGO, NEW YORK, SAN FRANCISCO, UNITED ARAB EMIRATES, UNITED KINGDOM, SPAIN, NETHERLANDS, AND NORWAY.

CAPACITY BUILDING & PARTNERSHIPS. CAPACITY BUILDING FOCUSES ON DEVELOPING THE INTERNAL STRUCTURES, SKILLS, AND RESOURCES NECESSARY FOR THE FOUNDATION TO GROW SUSTAINABLY AND EFFECTIVELY DELIVER ON OUR MISSION. PARTNERSHIPS ALLOW US TO WORK EFFICIENTLY AND ACHIEVE MORE

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WITH LIMITED RESOURCES. BY FOSTERING COLLABORATION, WE CAN INFLUENCE SYSTEMIC CHANGE, ADVANCE RESEARCH, AND BRING TREATMENTS CLOSER TO REALITY FASTER THAN WE COULD ON OUR OWN.

-WE HIRED ELISABETH MELLINGER AS OUR CITIZEN HEALTH AMBASSADOR TO HELP FAMILIES ENROLL IN THIS INITIATIVE. HAVING A DEDICATED PERSON TO REACH OUT TO FAMILIES AND SUPPORT THEM IN REGISTERING FOR RESEARCH PROJECTS WAS CRUCIAL TO OUR SUCCESS IN OUR ENROLLMENT NUMBERS.

-WE HOSTED 9 INTERNS FOR VARIOUS PROJECTS

-GRACE SNYDER - MASTERS IN GENETIC COUNSELING STUDENT, UNIVERSITY OF PENNSYLVANIA

-PROJECT: OUTREACH TO GENETIC TESTING LABS TO ENSURE CSNK2A1 IS ON RELEVANT PANELS AND GENERATION OF RESOURCES FOR FAMILIES TO BETTER UNDERSTAND GENETIC TESTS (DURATION: 4 MONTHS)

-TIERNEY BAUM - PHD CANDIDATE, VANDERBILT UNIVERSITY

-PROJECT: RESEARCH AND DEVELOPMENT FOCUSED ON FINDING PHARMACEUTICAL AND BIOTECHNOLOGY PARTNERS OF INTEREST FOR THE FOUNDATION (DURATION: 4 MONTHS)

-TIERNEY WAS THEN HIRED AS A PART-TIME CONSULTANT FOR THE FOUNDATION TO HELP WITH SCIENTIFIC WRITING AND ADDITIONAL RESEARCH PROJECTS.

-ELENA BAGATELAS - PHD CANDIDATE, VANDERBILT UNIVERSITY

-PROJECT: ANALYZING SIMONS SEARCHLIGHT NATURAL HISTORY DATA AND PUBLISHING RESULTS (DURATION: =9 MONTHS; ONGOING UNTIL PUBLICATION ACCEPTANCE)

-MAAHIN MANZOOR KHAN, MBBS (BACHELOR OF MEDICINE, BACHELOR OF SURGERY; EQUIVALENT TO THE DOCTOR OF MEDICINE [MD] DEGREE IN THE U.S.) - SHIFA COLLEGE OF MEDICINE

-PROJECT: ALONG WITH ELENA AND DR. RUSHING, ANALYZING SIMONS SEARCHLIGHT NATURAL HISTORY DATA AND PUBLISHING RESULTS (DURATION: =9 MONTHS; ONGOING UNTIL PUBLICATION ACCEPTANCE)

-ARYANA ADELINE VALLE-PORTELA - UNDERGRADUATE STUDENT, UNIVERSITY OF CALIFORNIA, BERKELEY

-PROJECT: ASSISTING THE FOUNDATION WITH SOCIAL MEDIA PRESENCE AND INTERVIEWING FAMILIES TO COLLECT THEIR STORIES (DURATION: 8 MONTHS).

-GRACE BRANGER - MASTERS IN GENETIC COUNSELING STUDENT, VANDERBILT UNIVERSITY

-PROJECT: GRACE WILL BE COLLABORATING WITH THE CSKN2A1 FOUNDATION AND COMBINEDBRAIN TO DEVELOP A DISEASE CONCEPT MODEL FOR OCND, AIMING TO HIGHLIGHT THE LIVED EXPERIENCES OF AFFECTED INDIVIDUALS AND THEIR FAMILIES (DURATION: 2 YEARS, STARTED AUGUST 2024, ONGOING). THIS RESEARCH WILL INFORM CLINICAL TRIAL ENDPOINTS THAT PRIORITIZE PATIENT AND FAMILY NEEDS.

FORM 990, PART III, LINE 4A (CONTINUED)

-MONICA STRAIN - PHD CANDIDATE, UNIVERSITY OF CONNECTICUT

-PROJECT: SCIENTIFIC RESOURCE DEVELOPMENT INTERN. MONICA WILL BE DEVELOPING COMPREHENSIVE LISTS OF RESOURCES SUCH AS GRANTS, CONFERENCES, AND RESEARCH TOOLS THAT SCIENTISTS MAY FIND VALUABLE FOR RESEARCH IN EPILEPSY, AUTISM, RARE DISORDERS, NEUROSCIENCE, AND RELATED TOPICS. SHE WILL ALSO ATTEND A MONTHLY MEETING WITH SCIENTIFIC STAFF FROM OTHER RARE DISEASE PATIENT ORGANIZATIONS (DURATION: 4-6 MONTHS, ONGOING).

-CAROLINE BODNYA - PHD CANDIDATE, VANDERBILT UNIVERSITY

-PROJECT: CAROLINE IS OUR 2025 CONFERENCE INTERN. SHE WILL BE HELPING WITH PLANNING THE CONFERENCE AND WILL BE ON-SITE TO WRITE CONFERENCE SUMMARIES (DURATION: 9 MONTHS, ONGOING).

-INGRID VALLEE, PHARMD- PHD CANDIDATE, SCRIPPS RESEARCH

Name of the organization CSNK2A1 FOUNDATION	Employer identification number 82-4220939
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-PROJECT: SCIENCE COMMUNICATIONS VOLUNTEER. INGRID WILL APPLY HER PHARMACY DEGREE TO ASSIST WITH WRITING BLOG POSTS FOR OUR NEW SCIENCE SNAPSHOTS BLOG FEATURE (DURATION: 4 MONTHS, ONGOING).

-JENNIFER SILLS STEPPED INTO HER NEW ROLE AS CO-CHAIR OF THE COMBINEDBRAIN BOARD OF DIRECTORS. COMBINEDBRAIN IS A CONSORTIUM OF NEURODEVELOPMENTAL PATIENT ADVOCACY GROUPS ACCELERATING TREATMENTS BY POOLING DATA.

-ATTENDANCE AT CONFERENCES

-DR. RUSHING ATTENDED 8 CONFERENCES SPANNING NEUROSCIENCE, PATIENT ADVOCACY, AND DRUG DEVELOPMENT. SHE RECEIVED TRAVEL AWARDS FOR 3 OF THESE CONFERENCES.

-DR. RUSHING SERVED AS A MODERATOR FOR 2 CONFERENCES (NATIONAL ORGANIZATION FOR RARE DISORDERS AND GLOBAL GENES RARE DRUG DEVELOPMENT SYMPOSIUM).

-DR. RUSHING ALSO REPRESENTED US AS A CONTINUED MEMBER OF THE EPILEPSY RESEARCH BENCHMARKS STEWARDS COMMITTEE.

-BROUGHT ON TIERNEY BAUM, PHD, AS A PROJECT RESEARCH CONSULTANT TO STRENGTHEN OUR RESEARCH CAPABILITIES.

-DR. RUSHING STEPPED INTO HER NEW ROLE AS CHIEF SCIENCE OFFICER.

-INCREASED THE HOURS OF OUR OPERATIONS MANAGER, BETH CHAFFIN, TO BETTER SUPPORT THE GROWING NEEDS OF THE FOUNDATION AND ENSURE SMOOTH DAY-TO-DAY OPERATIONS AS OUR REACH AND IMPACT CONTINUE TO EXPAND.

-3 NEW PARTNERSHIPS (CITIZEN HEALTH, CZI AND FASTERCURES' THE RESEARCH ACCELERATION AND INNOVATION NETWORK (TRAIN))

-22 EXISTING PARTNERSHIPS CONTINUED

-WE HELD 6 PARENT ADVISORY BOARD MEETINGS IN WHICH 11 PARENT ADVISORY BOARD MEMBERS PLAYED A VITAL ROLE IN ENSURING THE PATIENT VOICE IS HEARD AND REPRESENTED IN ALL ASPECTS OF OUR FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WERE PROVIDED A COPY OF FORM 990 BEFORE FILING WITH THE IRS AND FTB.

FORM 990, PART VI, SECTION C, LINE 18:
ORGANIZATION PROVIDES PUBLIC ACCESS TO FORM 990 AND 501(C)(3) STATUS LETTER. THIS INFORMATION IS ALSO AVAILABLE VIA GUIDESTAR.ORG. ALL GOVERNING INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
APPLICABLE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.