Form	99	0
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A	For th	e 2023 calendar year, or tax year beginning and	l ending		
B	Check i applical	Be: C Name of organization		D Employer identified	cation number
	Addr	ess ENDOMETRIOSIS FOUNDATION OF AMERICA, I	INC		
	Nam	e		20-490443	37
	Initia		Room/suite		
	Final			(212) 988	8-1644
	term ated			G Gross receipts \$	1,991,979.
	Ame retur			H(a) Is this a group re	eturn
	Appl tion	F Name and address of principal officer: IAMER SECKIN, MD		for subordinates	? Yes X No
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e	xempt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
		f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2006	I State of legal domicile: NY
Pa	art I				
¢	1	Briefly describe the organization's mission or most significant activities:			
Governance		AMERICA (ENDOFOUND) STRIVES TO INCREASE D	DISEASE	E RECOGNITIO	N, PROVIDE
srne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
No.	3				12
		Number of independent voting members of the governing body (Part VI, line 1b)			11
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
iti	6	Total number of volunteers (estimate if necessary)			35
Activities &	7 8	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	t	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,292,962.	1,899,749.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,015.	1,087.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,340.	4,733.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,302,317.	1,905,569.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		378,585.	353,374.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	0.
ens	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 139, 0	70	0.	0.
Expenses		.		741,687.	1,179,446.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,120,272.	1,532,820.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,045.	372,749.
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ts or		Total accests (Dart V, line 16)	00	2,270,980.	2,671,890.
Assets	20	Total assets (Part X, line 16)	······	146,710.	94,311.
Net A	1	Total liabilities (Part X, line 26)		2,124,270.	2,577,579.
	1 22	Net assets or fund balances. Subtract line 21 from line 20		∠,⊥∠4,∠/V•	4,511,519.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	ELIF SECKIN, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's Spnature	Date Check PTIN				
Paid	MARQUS WHITE	MARQUSYWHIM	11/01/24 self-employed P00053187				
Preparer	Firm's name SAX LLP		Firm's EIN 81-2950760				
Use Only	Firm's address 1040 AVENUE OF TH	E AMÉRICAS, 16TH FL					
	NEW YORK, NY 1001	8	Phone no. $212 - 268 - 2804$				
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🔲 No							
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23	Form 990 (2023)				
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 2
Par	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 ENDOMETRIOSIS FOUNDATION OF AMERICA (ENDOFOUND) STRIVES TO
	INCREASE DISEASE RECOGNITION, PROVIDE ADVOCACY, FACILITATE EXPERT
	SURGICAL TRAINING, AND FUND LANDMARK ENDOMETRIOSIS RESEARCH. ENGAGED
	IN A ROBUST CAMPAIGN TO INFORM BOTH THE MEDICAL COMMUNITY AND THE
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	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?
	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	
	THE ENDOFOUND EDUCATION PROGRAM IS A SCHOOL AND COMMUNITY-BASED
	EDUCATION PROGRAM DESIGNED TO EDUCATE HIGH SCHOOL STUDENTS AND RAISE
	AWARENESS ABOUT ENDOMETRIOSIS THROUGH AN INTERACTIVE PROGRAM WHICH
	INCLUDES BOTH EDUCATION OF THE DISEASE AND TO TEACH STUDENTS HOW TO
	ADVOCATE FOR THEMSELVES. TO DATE, THE PROGRAM HAS EDUCATED 40,000
	STUDENTS IN THE US AND ABROAD.
	BIODENID IN THE OD MAD ADROAD.
41	
4b	(Code:) (Expenses \$181,713. including grants of \$) (Revenue \$)
	CONFERENCES AND WEBINARS: HISTORICALLY ENDOFOUND RUNS TWO LARGE ANNUAL
	CONFERENCES. THE FIRST IS A MEDICAL CONFERENCE WHICH GATHERS
	PHYSICIANS, SURGEONS, RESEARCHERS, NURSES, FROM ALL OVER THE WORLD TO
	LEARN ABOUT CURRENT TRENDS AND BEST PRACTICES FOR THE TREATMENT OF
	ENDOMETRIOSIS. THE SECOND IS A PATIENT CONFERENCE BRINGING PATIENTS
	AND PHYSICIANS TOGETHER TO LEARN IN DEPTH ABOUT ENDOMETRIOSIS,
	MANAGEMENT OF THE DISEASE, SUPPORT AVAILABLE AND WELLNESS TRAINING.
	BOTH CONFERENCES ARE HELD IN MARCH DURING ENDOMETRIOSIS AWARENESS
	MONTH. DUE TO COVID-19 RESTRICTIONS WHICH BEGAN DAYS BEFORE THE
	SCHEDULED CONFERENCES, ENDOFOUND SUCCESSFULLY PIVOTED TO ON-LINE
	WEBINARS AND CONFERENCES THROUGH THE END OF 2021 SO THAT IT COULD
	CONTINUE TO BRING BOTH PATIENTS AND MEDICAL PROFESSIONALS TOGETHER, AND
4c	1 000 700
40	
	RESEARCH AND GRANTS - ENDOFOUND FUNDS CUTTING-EDGE MEDICAL RESEARCH AT
	MEDICAL INSTITUTIONS AND HOSPITALS IN THE US PREDOMINANTLY, AND IN
	OTHER COUNTRIES. RESEARCH IS CONDUCTED ON THE ETIOLOGY OF THE DISEASE,
	GENETIC IMPLICATIONS, AND ORGANS AFFECTED BY THE DISEASE, AMONG OTHERS,
	ALL WITH THE GOAL OF DEVELOPING BETTER DIAGNOSTICS AND BETTER
	TREATMENTS.
4d	Other program services (Describe on Schedule O.)
-ru	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,298,694.
	Form 990 (2023)
332002	12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2		ENDOMETRIOSIS	FOUNDATION	OF	AMERICA,	INC	20-4904437	Page 3
Part IV	Checklist of Re	equired Schedules						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	л	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 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,	_		v
-	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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,		37	
	Part VI	<u>11a</u>	X	
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		X
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		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		- v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 23
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17				
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."		- 23	
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
			000	

<u>Form 990 (</u> 2		ENDOMETRIOSIS		OF	AMERICA,	INC	20-4904437	Page 4
Part IV	Checklist of R	equired Schedules (co	ontinued)					

		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	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			х
04-	Schedule J	23		~
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	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>_</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>270</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u>л</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	27	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		103	140
la b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-				

(gambling) winnings to prize winners?

Form	990 (2023) ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904	437	P	_{age} 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		v		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x	
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		Δ	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
59		5a		х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
•••	any contributions that were not tax deductible as charitable contributions?	6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	00			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b			
10	Section 501(c)(7) organizations. Enter:	50			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand			37	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х	
	excess parachute payment(s) during the year?	15		Λ	
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
10	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

Form 990 (2023)

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437

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

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other				
2					2	x	
2	Did the organization delegate control over management duties customarily performed by or under the				2	- 23	
3			•		~		х
				[3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or				
	persons other than the governing body?				7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	ne following:				
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 read	ched a	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
				,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the for	m?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," (describe				
	on 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		Х
15	Did the process for determining compensation of the following persons include a review and approval						
	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			ſ	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=				
	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 $_{ m NY}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	D-T (section 50 ⁻	1(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				.,		
	X Own website Another's website X Upon request Other (explain	on S	chedule (O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv. and	financ	ial	
	statements available to the public during the tax year.			., and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	iks an	id records				
	ELIF SECKIN - (212) 988-1644						
	872 FIFTH AVENUE, NEW YORK, NY 10065						

Page **6**

X

Form 990 (2							
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.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a. Complete this table for all persons required to be listed. Benort compensation for the calendar year ending with or within the organization's tax year							

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

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

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

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

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

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

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

(A)	(B)	Desition						(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	heck ss pei	more rson i	than o s both	ı an	Reportable compensation	Reportable compensation	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CAROLYN MAYER SENIOR PROGRAM MANAGER	40.00					x		111 / 50	0.	12 640
(2) DIANA FALZONE	40.00							111,458.	0.	12,640.
MEDIA COORDINATOR	40.00	-				x		100,000.	0.	12,640.
(3) JAKE CARLIN	40.00							100,000.	• 0	12,040.
PROGRAMS AND DEVELOPMENT M				x				54,889.	0.	7,053.
(4) TRACEY HAAS, DO, MPH	2.00									
EXECUTIVE DIRECTOR		х		x				25,000.	0.	0.
(5) TAMER SECKIN, MD	5.00									
PRESIDENT		Х		х				0.	Ο.	0.
(6) PIRAYE YURTTAS BEIM, PHD	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(7) KARLI GOLDSTEIN, DO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL S. BRODHERSON, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JODY GROBMAN	2.00								•	
DIRECTOR		х						0.	0.	0.
(10) DONNA KESSELMAN, MD	2.00	.,						•	0	
DIRECTOR		Х						0.	0.	0.
(11) LAWRENCE LIVORNESE DIRECTOR	2.00	x						0.	0.	0.
(12) HARRY REICH, MD	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) MADELEINE K. RUDIN	2.00	Δ						0.	0.	0.
DIRECTOR	2:00	x						0.	0.	0.
(14) ELIF SECKIN	2.00									
TREASURER		х						0.	0.	0.
(15) KRISTY CURRY	2.00									
DIRECTOR		х						0.	0.	0.
		1								
	1	1						1		000

	COSIS FC	UN	IDA	TI	ON	0	F	AMERICA, INC	20-49	9044	137	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck i		l than c	ne	Reportable	Reportable			timate	
	hours per week					s both r/trust		compensation	compensatio			ount o	of
	(list any						,	from the	from related			other	tion
	hours for	Individual trustee or director				_		organization	organization (W-2/1099-MIS			censat	
	related	e or o	stee			nsated		(W-2/1099-MISC/	1099-NEC)	I		anizati	
	organizations	truste	Institutional trustee		yee	im per		1099-NEC)			•	relate	
	below	idual	ution	er	Key employee	est cc oyee	er				orga	nizatio	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				-		
										$ \longrightarrow $			
										$ \rightarrow $			
1b Subtotal								291,347.		0.	3:	2,33	33.
c Total from continuation sheets to Part VI								0.		0.		- /	0.
d Total (add lines 1b and 1c)								291,347.		0.	32	2,33	
2 Total number of individuals (including but n									000 of reportable	 }			
compensation from the organization						,		• • • • •					2
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	ove	e, or	hiq	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for s			-	•			-				3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business								Description of s	ervices	C	omper	nsatior	۱
REBILLARD PUBLIC RELATION													
464 OLD ROUTE 22, AMENIA,							_	PR RELATION			185	5,19	96.
42ND STREET LESSEE, LLC.,				2N	D			FEE FOR EVEN	TSPACE				
STREET CIPRIANI, NEW YORK	<u>, ny 10</u>	01	7					BLOSSOM BALL			158	3,96	53.
• Total number of index and states to the first		at 1 10		J # - 1	th			abova) who were it as it as	are then				
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	-	JUIN	me	ו נט ו	tnos 2		ea	above, who received m	ม่อแล่ไ				

	<u>1 990</u>				RIOS	IS	FOUNDAT	ION OF	AMEI	RICA, IN	С	20-4904	437 Pag	ge 9
Pa	rt VI		Statement of Re										г	
			Check if Schedule O o	contains	a respor	ise c	or note to any lin			(B)	<u></u>	(C)		
								(A Total re		(B) Related or exe function reve		Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -	er
S S	1 a	a F	Federated campaigns		1a									
Contributions, Gifts, Grants and Other Similar Amounts	k													
ېږ B			Fundraising events				628,415.							
iifts ar A			Related organizations				-							
s, G Dila	e		Government grants (contr				125,244.							
r Si	f	F/	All other contributions, gifts,	grants, a										
but		5	similar amounts not included	l above	. 1f	1,	146,090.							
d UI	ç	g r	Noncash contributions included in	lines 1a-1f	1g \$									
<u>о</u> б	ł	h T	Total. Add lines 1a-1f					1,899,	749.					
							Business Code							
ce	2 8	a _				_								
ervi	k	b _				_								
n Si	c	C -				_								
Jran Rev	c	d_				_								
Program Service Revenue	e	е 				_								
а.			All other program service											
	3		Total. Add lines 2a-2f Investment income (incluc											_
	3							1	087.				1,08	7.
	4		Income from investment of				roceeds	<u> </u>	007.				1,00	<u> </u>
	5		Royalties			-								
	Ŭ	'			(i) Real		(ii) Personal							
	6 a	a (Gross rents	6a										
			Less: rental expenses	6b										
			Rental income or (loss)	6c										
			Net rental income or (loss))										
			Gross amount from sales of) Securitie		(ii) Other							
		6	assets other than inventory	7a										
	k	b l	Less: cost or other basis											
ne		â	and sales expenses	7b										
venue	c	c (Gain or (loss)	7c										
Re	c	d I	Net gain or (loss)											
Other Re	8 8		Gross income from fundraisi											
δ			including \$ 628											
			contributions reported on	-		-	06 110							
			Part IV, line 18				86,410.							
	ľ		Less: direct expenses						0.					_
			Net income or (loss) from Gross income from gamin		- 1	.s			••					
	50		Part IV, line 19	-		9a								
	ŀ		Less: direct expenses			9b								
			Net income or (loss) from											_
			Gross sales of inventory, I											
			and allowances			10a								
	k		Less: cost of goods sold			10b								
			Net income or (loss) from			/								
							Business Code							
Sno	11 a	a <u>(</u>	OTHER INCOME				900099	4,	733.				4,73	3.
ane	k	b _				_								
Miscellaneous Revenue	6	c _												
Misc B	6		All other revenue											
	e		Total. Add lines 11a-11d						733.		_			
	12	٦	Total revenue. See instruction	ons				1,905,	569.		Ο.	0.	5,82	Ο.

	990 (2023) ENDOMETRIOS	IS FOUNDATION es	I OF AMERICA,	INC 20-4	904437 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	r organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 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				
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	86,943.	71,457.		15,486.
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	218,323.	195,345.		22,978.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,459.	24,982.		2,477.
10	Payroll taxes	20,649.	18,111.		2,477. 2,538.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	19,773.		19,773.	
с	Accounting	47,174.		47,174.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	455,684.	389,526.	21,262.	44,896.
12	Advertising and promotion	43,282.	34,169.		<u>44,896.</u> 9,113.
13	Office expenses	137,121.	134,049.		3,072.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	70,288.	70,242.		46.
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	1,174.		1,174.	
23	Insurance	44,686.	2,535.	5,673.	36,478.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENT EXPENSE	360,264.	358,278.		1,986.
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,532,820.	1,298,694.	95,056.	139,070.
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 if following SOP 98-2 (ASC 958-720)				

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of Schedule D

Liabilities

Net Assets or Fund Balances

		FOUI	NDATION	OF AM	ERICA,	INC	20-
tΧ							
	Check if Schedule O contains a response or note	e to an	y line in this P	art X			
1	Cash - non-interest-bearing				1,4	84,874.	1
2							2
3					5	542,701.	3
4							4
5							
	trustee, key employee, creator or founder, substa						
	controlled entity or family member of any of thes			5			
6	Loans and other receivables from other disqualif						
	under section 4958(f)(1)), and persons described			6			
7	Notes and loans receivable, net						7
8	Inventories for sale or use						8
9	Prepaid expenses and deferred charges				1	.25,928.	9
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a		8,465.	•		
b	Less: accumulated depreciation	10b		<u>6,525</u>			10c
11					1	.14,363.	11
12	Investments - other securities. See Part IV, line 1	1					12
13	Investments - program-related. See Part IV, line 1	I1					13
14							14
15							15
16							
17					1	46,710.	17
18							18
19							19
20	Tax-exempt bond liabilities			20			
	t X 1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19	t X Balance Sheet Check if Schedule O contains a response or note 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes 6 Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 1 13 Investments - program-related. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equality and accrued expenses 18 Grants payable 19 Deferred revenue	t X Balance Sheet Check if Schedule O contains a response or note to an 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified per under section 4958(f)(1)), and persons described in sec 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred reve	t X Balance Sheet Check if Schedule O contains a response or note to any line in this P 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, direct trustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defin under section 4958(f)(1)), and persons described in section 4958(c)(3) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue<	t X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 8, 465 10b 6, 525 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Gran	t X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginn 1 Cash - non-interest-bearing 1, 4 2 Savings and temporary cash investments 9 3 Pledges and grants receivable, net 9 4 Accounts receivable, net onthe 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 6 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) 7 7 Notes and loans receivable, net 10a 8, 465. 8 Inventories for sale or use 1 10a 8, 465. 9 Prepaid expenses and deferred charges 1 10a 8, 465. 1 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 8, 465. 1 11 Investments - publicly traded securities 1 1 1 1 12 Investments - other securities. See Part IV, line 11 1 1 1 1 13 Investments - program-relat	TX Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 1,484,874. 2 Savings and temporary cash investments 1,484,874. 3 Pledges and grants receivable, net 542,701. 4 Accounts 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) 125,928. 7 Notes and loans receivable, net 10a 8,465. 8 Inventories for sale or use 125,928. 9 Prepaid expenses and deferred charges 125,928. 10a 8,465. 124,363. 11 Investments - publicly traded securities 114,363. 12 Investments - other securities. See Part IV, line 11 114,363. 13 Investments - program-related. See Part IV, line 11 146,710. 14 Intagible assets 146,710. 15 Other assets. Add lines 1 through 15 (must equal line 33) <t< th=""></t<>

Escrow or custodial account liability. Complete Part IV of Schedule D

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

X

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

(B) End of year

> 504,876. 533,231. 416,130.

> > 49,229.

1,940. 1,166,484.

2,671,890. 94,311.

21

22

23

24

25

26

27

28

29

30

31

32

33

146,710.

825,000.

1,299,270.

2,124,270.

2,270,980.

94,311.

1,832,145.

745,434.

2,671,890. Form 990 (2023)

2,577,579.

Form	990 (2023) ENDOMETRIOSIS FOUNDATION OF AMERICA, INC	20-4904	437	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u> .					
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>,905</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	<u>,532</u>	2,82 2,74				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2	,124	1,2'	70.			
5	Net unrealized gains (losses) on investments	5	80),56	50.			
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 2	<u>,577</u>	7,5'	79 .			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>					
			$ \longrightarrow $	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	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:							
	X 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 on Sche	dule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2023)

SCHEDULE A (Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section	OMB No. 1545-0047
Department of the nternal Revenue		4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection
Name of th	e organizati	on	Employer identification number
		ENDOMETRIOSIS FOUNDATION OF AMERICA, INC	20-4904437
Part I	Reason	or Public Charity Status. (All organizations must complete this part.) See instructions	3.
The organiz		private foundation because it is: (For lines 1 through 12, check only one box.)	
1 🗖 /	A church, co	ivention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 🗌 /	A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the hospital's name,
(city, and stat	2	
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmental ur	nit described in
	section 170	b)(1)(A)(iv). (Complete Part II.)	
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).	
	-	on that normally receives a substantial part of its support from a governmental unit or from th	e general public described in
	•	b)(1)(A)(vi). (Complete Part II.)	C .
		trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
	An agricultur	al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	and-grant college

0	X	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 exclusivel	v to test for public safety. See	section $509(a)(4)$
	An organization organized and operated exclusive	y to test for public salety. See	section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

а 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.

	organization(s). You must complete Part IV, Sections A and C.
	control or management of the supporting organization vested in the same persons that control or manage the supported
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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) d 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.

е Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

university:

Provide the following information about the supported organization(s). g (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule	A (Form 990) 2023	ENDOMETI
Part II	Support Sched	ule for Organizat

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 2

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.)

Sec	tion A. Public Support		_		_	-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			r	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2022. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ENDOMETRIOSIS FOUNDATION OF AM Part III Support Schedule for Organizations Described in Section 509(a)(2) ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 3

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

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(0) 2010	(6) 2020	(0) 2021	(d) 2022	(0) 2020	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	553,342.	1076764.	1882511.	1292962.	1899749.	6705328.
~		555,542.	10/0/04.	1002511.	1272702.	1055745.	0705520.
Z	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	21 000					21 000
_	organization's tax-exempt purpose	31,988.					31,988.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	585,330.	1076764.	1882511.	1292962.	1899749.	6737316.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	175,000.	160,201.	950,938.	473,683.	498,525.	2258347.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	175,000.	160,201.	950,938.	473,683.	498,525.	2258347.
	Public support. (Subtract line 7c from line 6.)						4478969.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	585,330.	1076764.	1882511.	1292962.	1899749.	6737316.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	1,899.	1,706.	1,479.	2,015.	1,087.	8,186.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	1,899.	1,706.	1,479.	2,015.	1,087.	8,186.
	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			9,564.	7,340.	4,733.	21,637.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	587,229.	1078470.	1893554.	1302317.	1905569.	6767139.
	First 5 years. If the Form 990 is for th						
17		0					, , ,
Sec	tion C. Computation of Publi	c Support Per					·····
	Public support percentage for 2023 (I			olumn (f))		15	66.19 %
		, (),	, , , , , , , , , , , , , , , , , , ,	()/		16	58.61 %
	Public support percentage from 2022 ction D. Computation of Invest						50.01 %
	•			a 10 a a luma (f))		17	.12 %
	Investment income percentage for 20						4 =
	Investment income percentage from :			n line 14 and line		18	
198	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes

1

No

Schedule A (Form 990) 2023 ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			

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

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

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported examination(a)	1		

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Yes

1

2

No

No

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 6 Schedule A (Form 990) 2023 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

ENDOMETRIOSIS	FOUNDATION	OF	AMERICA,	INC	20-4904437	Page 7

Sche		FOUNDATION OF		IC 2	0-4904437 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 8
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.)

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.

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

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.

General Rule

Form 990-PF

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 instruction

ENDOMETRIOSIS FOUNDATION OF AMERICA

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

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

527 political organization

Department of the Treasury

Filers of:

Name of the organization

Organization type (check one):

Section:

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

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

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



Schedule B (Form 990) (2023)

OMB No. 1545-0047

Employer identification number

20-4904437

INC

LHA 323451 12-26-23

Schedule B (Form 990)

Internal Revenue Service

Form 990 or 990-FZ

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

1 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Person Х Payroll Noncash 126,025. \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 6 Person Payroll 137,000. Noncash \$ (Complete Part II for noncash contributions.)

Part I

(a)

No.

(c)

Total contributions

Employer identification number 20 - 4904437

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

60,500.

\$

12

	3 (Form 990) (2023) rganization	Emj	Pa ployer identification numb					
NDOMI	ETRIOSIS FOUNDATION OF AMERICA, INC		20-4904437					
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 contributio					
7		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio					
8		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
9		\$65,375.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio					
10		\$65,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
11		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					

Х

Page 2

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

10,000.

\$

18

me of org	ganization		Employer identification num
NDOME	TRIOSIS FOUNDATION OF AMERICA, INC		20-4904437
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
13		\$26,25	50. Person X 50. Noncash Image: Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
14		\$25,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
15		\$15,45	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
16		\$15,20	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contributio
<u>17</u>		\$10,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio

X

(Complete Part II for noncash contributions.)

Type of contribution

No.

	B (Form 990) (2023) rganization		Pag Employer identification numbe
Name or o	ganzalon		
	ETRIOSIS FOUNDATION OF AMERICA, INC		20-4904437
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$6,30	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 17,75	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$125,24	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Person Payroll Noncash

Total contributions

\$

Page 2

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
		Schedule B (Form 990) (;

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC

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

(b)

Description of noncash property given

Schedule B (Form 990) (2023) Name of organization

(a)

No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

Employer identification number

(d)

Date received

20-4904437

(c)

FMV (or estimate)

(See instructions.)

\$

orm 990) (2023)

Schedule	B (Form 990) (2023)			Page 4				
Name of o	organization			Employer identification number				
ENDOM	ETRIOSIS FOUNDATION OF A	AMERICA, INC		20-4904437				
Part III		ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	. For organizations	hat total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of tra	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
_ Part I								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE)
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(Form	990)
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Γ

day of the tax year

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.



No

No

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	ENDOMETRIOSIS FOUN			20-4904437
Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or Accou	unts. Complete if the
		(a) Donor advised funds	(b) F	unds 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	writing that the assets held in dor	or advised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant fund	s can be used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other	ourpose conferring	
	impermissible private benefit?		<u></u>	Yes
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Fo	rm 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 (for example, recrea	tion or education) 📃 Preser	vation of a historical	lly important land area
	Protection of natural habitat	Preser	vation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in t	he form of a conser	
				برملا مطفاهم المعار مطفقهم أماما ا

	day of the tax year.		TIETU AL LIE LITU OF L	IC TAN ICAI
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	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 organi	zation	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?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	n ease	ements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	semen	ts 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)?		Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem			
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that			
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imila	r 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 bala	ince sł	neet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	ce of p	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 ¢

Ц٨	For Panarwork Paduation Act Nation, say the Instructions for Form 990	Schodulo D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	(ii) Assets included in Form 990, Part X	\$
		Ψ

Sche Par	dule D (Form 990) 2023 ENDOMETI	RIOSIS FOUL						20-49			age 2
-	•								• (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical trea					_		_
_	to be sold to raise funds rather than to be ma				ellection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the	organizatio	n answered "'	Yes" on F	Form 990), Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodia		diary for	contribution	ns or other as	sets not	included				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							····· ∟			
									Amour	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •				1
Par											
		(a) Current year		rior year	(c) Two yea			years back	(e) Fou	r years	back
1a	Beginning of year balance							-		-	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	l o (lino 1 c	n column (a)) held as:						
	Board designated or quasi-endowment	,	%	y, column (a	meiu as.						
b	Permanent endowment	%									
		% %									
с	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
20			tion the	t are hold a	ad administor	od for th	•				
Ja	Are there endowment funds not in the posses organization by:	ssion of the organiza	auonina	l are neiù ai	nu auminister		e			Yes	No
									20(1)	100	
									3a(i)		
b	(ii) Related organizations?	tiono liotod oo roquir							3a(ii)		
4									3b		
Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wittent	unus.							
	Complete if the organization answered). Part IV	/. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o	-		t or other		ccumulat	ted	(d) Boc	k valu	۵
	Description of property	basis (investr		. ,	(other)		oreciation		(u) Boo	it valu	C
1a	Land	· · · · ·			,						
	Buildings										
	Leasehold improvements										
	Equipment				8,465.		6.5	25.		1,9	40.
	Other				.,=					.,.	
	. Add lines 1a through 1e. (Column (d) must ea		X line 1	n De celume	<i>(</i> <u>R</u>))					1,9	40.
		gaari onni 330, Edil.			<i>بر</i> عب			<u></u>	D (F	, -	

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	ENDOMETRIOS	IS FOUNDATION	OF	AMERICA,	INC	20-4904437 Page 3
Part VII		Other Securities					
	Complete if the org	anization answered "Yes" of	on Form 990, Part IV, line	11b. Se	ee Form 990, Part	t X, line 12.	
(a) Descrip	tion of security or categ	JOTY (including name of security)	(b) Book value	(c) Method of valua	ation: Cost o	r end-of-year market value
(1) Financia	al derivatives						
(2) Closely							
(3) Other	. ,						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	b) must equal Form 990), Part X, line 12, col. (B))					
		Program Related.					
	Complete if the org	anization answered "Yes" of	on Form 990, Part IV, line	11c. Se	ee Form 990, Part	X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valua	ation: Cost o	r end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990), Part X, line 13, col. (B))					
Part IX	Other Assets						
	Complete if the org	anization answered "Yes" of	on Form 990, Part IV, line	11d. Se	ee Form 990, Parl	t X, line 15.	
		(a) I	Description				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, line 15, col	. <i>(B)</i>)				
Part X	Other Liabilitie	S					
	Complete if the org	anization answered "Yes" of	on Form 990, Part IV, line	11e or	11f. See Form 99	0, Part X, lin	e 25.
1.	(a) De	escription of liability					(b) Book value
(1) Fed	leral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, line 25, col	. (B))				
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide	the text of the footnote to	the or	ganization's finan	cial statemer	nts 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

X

Sche			4904437 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,986,129.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 80,560.		
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	80,560.
3	Subtract line 2e from line 1	3	1,905,569.
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	1,905,569.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,532,820.
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 2e from line 1	3	1,532,820.
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 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	1,532,820.
Pa	t XIII Supplemental Information		

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 ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING DECEMBER

31, 2020 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING

AUTHORITIES.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctivi	ties	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19, c	or if the	2023
Department of the Treasury		Attach to Form 990 o	or Forr	n 990	·EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and th	ne latest informatio	n.		Inspection
Name of the organization		RIOSIS FOUNDATION	OF A	ME	RICA, INC		Employer ide $20-4904$	ntification number 437
Part I Fundrais		Complete if the organization answe						
	complete this part				, , , ,			
1 Indicate whether th	e organization rais	ed funds through any of the followin	ig activ	ities. (Check all that apply.			
a 📃 Mail solicita	tions	e 📃 Solicita	tion of	non-g	overnment grants			
b Internet and	email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solici	itations	g Special	fundra	ising	events			
d In-person so								
e e		r oral agreement with any individual	•	•		tees, c		
• • •		art VII) or entity in connection with p			-	-	Yes	
	•	riduals or entities (fundraisers) pursu	ant to	agreer	nents under which tr	ne tuno	draiser is to be	9
compensated at le	east \$5,000 by the	organization.			I			1
(i) Nome and address	o of individual		(iii)	Did	(in) Orean reasints	_(v) A	mount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity		or control of from activity				to (or retained by)
							ed in col. (i)	organization
			Yes	No				
Total			<u></u>					
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from re	gistration

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

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	714,825.			714,825.
	2	Less: Contributions	628,415.			628,415.
	3	Gross income (line 1 minus line 2)	86,410.			86,410.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Irect EX	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				86,410
	10	Direct expense summary. Add lines 4 throug		·		86,410
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
Pai	11	II Gaming. Complete if the organization				(d) Total gaming (add
Pai	11	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
Pevenue	<u>11</u> tl	II Gaming. Complete if the organization	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	11 tl	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	11 tl 1 2 3	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	0. (d) Total gaming (add
Expenses Revenue	11 rt I 2 3 4	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	0 . (d) Total gaming (add
Expenses Revenue	11 rt I 2 3 4 5	Gross revenue Cash prizes Rent/facility costs	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	0 . (d) Total gaming (add col. (a) through col. (c)
Expenses Revenue	11 1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	answered "Yes" on Form (a) Bingo (a) Bingo (b) Signature (c) Signature (990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	0 . (d) Total gaming (add col. (a) through col. (c)
Expenses Revenue	11 1 2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Yes

No

Sch	edule G (Form 990) 2023	ENDOMETRIOSIS	FOUNDATION OF	AMERICA, IN	C 20-49	04437	Page 3
11	Does the organization conduct ga					Yes	No
	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gaming	g activity conducted in:					
	The organization's facility					13a	%
	• An outside facility					13b	%
	Enter the name and address of th						
	Name						
	Address						
							_
15a	Does the organization have a con	tract with a third party from w	hom the organization receive	es gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gam		rganization \$	and the a	amount		
	of gaming revenue retained by the						
C	: If "Yes," enter name and address	of the third party:					
	Name						
	Address						
40							
16	Gaming manager information:						
	Namo						
	Name						
	Gaming manager compensation	\$					
	Carning manager compensation	Ψ					
	Description of services provided						
	Director/officer	Employee	Independent contractor	r			
17	Mandatory distributions:						
a	Is the organization required under	state law to make charitable	distributions from the gamin	g proceeds to			
	retain the state gaming license?					Yes	No No
k	Enter the amount of distributions	required under state law to be	e distributed to other exempt	t organizations or spen	it in the		
	organization's own exempt activit						
Pa		mation. Provide the explan			v); and Part I	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any	additional information. See i	nstructions.			
_							

Schedule G	i (Form 990)	ENDOMETRIOSIS	FOUNDATION	OF AMERICA,	INC 20-4904437	Page 4
Part IV	Supplemental Inf	ENDOMETRIOSIS ormation (continued)		•		

SCHEDULE O (Form 990)

Name of the organization

• Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

 Form 990 or 9

 Department of the Treasury

 Internal Revenue Service

 Go to www

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



ENDOMETRIOSIS FOUNDATION OF AMERICA, INC 20-4904437

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY, FACILITATE EXPERT SURGICAL TRAINING, AND FUND LANDMARK

ENDOMETRIOSIS RESEARCH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC, ENDOFOUND PLACES PARTICULAR EMPHASIS ON THE CRITICAL

IMPORTANCE OF EARLY DIAGNOSIS AND EFFECTIVE INTERVENTION WHILE

SIMULTANEOUSLY PROVIDING EDUCATION TO THE NEXT GENERATION OF MEDICAL

PROFESSIONALS AND THEIR PATIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DELIVER QUALITY INFORMATION THAT THE GROUPS HAVE COME TO RELY ON.

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

THERE IS A FAMILY RELATIONSHIP BETWEEN TAMER SECKIN AND ELIF SECKIN.

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

MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 AND PROVIDED EDITS TO THE TAX

PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE

FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS. EMAIL SENT TO

BOARD MEMBERS WITH PLACE TO SIGN OFF

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

 CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

ENDOMETRIOSIS FOUNDATION OF AMERICA, INC

Pa<u>ge</u> 2

Employer identification number

20-4904437

Schedule O (Form 990) 2023

Name of the organization

Form	886	8	

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers) partnerships REMICs and trusts

/ an eerpe			(moldaling 1120 o molo), paratoromp	0, 112111100	, and hade	
<u>must use</u>	Form 7004 to request an extension of time to file inco	me tax retur	ns.			
Part I - I	dentification					
Type or	Name of exempt organization, employer, or other fil	Taxpayer identification number (TIN)				
Print						
	ENDOMETRIOSIS FOUNDATION C		20-4904	437		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 872 FIFTH AVENUE					
instructions.	City, town or post office, state, and ZIP code. For a NEW YORK , NY 10065	ı foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file a separa	te application for each return)			01
	on Is For		Application Is For			Return
		Code				Code
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09
	?0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
)-T (trust other than above)	06	Form 5330 (individual)			13
)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
After ye	ou enter your Return Code, complete either Part II or P	art III. Part II	I, including signature, is applicable o	only for an	extension of	
	e Form 5330.					
• If this a	pplication is for an extension of time to file Form 5330	, you must e	nter the following information.			
Pla	n Name		Ū.			
	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
Part II - A	utomatic Extension of Time To File for Exempt Orga	anizations (s	see instructions)			
	ooks are in the care of ELIF SECKIN					
	872 FIFTH AVENUE	E – NEV	VORK, NY 10065			
Telepl	none No. (212) 988-1644		Fax No			
• If the	organization does not have an office or place of busine	ess in the Un				
	is for a Group Return, enter the organization's four-digi					
box	If it is for part of the group, check this box[
1 Ire	quest an automatic 6-month extension of time until	NOVEMB	ER 15 , 20 24 , to file	e the exem	pt organization	return for
	organization named above. The extension is for the or					
Х	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
2 If t	ne tax year entered in line 1 is for less than 12 months,	, check reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a lft	nis application is for Forms 990-PF, 990-T, 4720, or 606	69, enter the	tentative tax, less			
an	nonrefundable credits. See instructions.			3a	\$	0.
b lft	nis application is for Forms 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and			
est	imated tax payments made. Include any prior year ove	erpayment al	owed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required, by			
usi	ng EFTPS (Electronic Federal Tax Payment System). S	ee instructio	ns.	3c	\$	0.