

FORM 990-EZ

Department of Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt
From Income Tax**

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

OMB No. 1545-1150

2021

Open To Public Inspection

A For the 2021 calendar year, or tax year beginning 01/01/2021, and ending 12/31/2021

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of Organization <u>ADVANCING CTNNB1 CURES AND TREATMENTS INC</u>	D Employer ID number <u>83-4541448</u>
	Number and Street (or P.O. box, if mail is not delivered to street address) <u>8 LOANTAKA LN N</u>	E Telephone number
	City or town, state or country, and Zip + 4 <u>MORRISTOWN , NJ 07960-7021</u>	F Group Exemption Number <u>&nbsp;</u>

G Accounting method: Cash Accrual Other:

I Website: currectnbn1.org

J Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) 527

Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I.

1	Contributions, gifts, grants, and similar amounts received.	\$	117287
2	Program service revenue including government fees and contracts	\$	0
3	Membership dues and assessments	\$	0
4	Investment income	\$	0
5a	Gross amount from sale of assets other than inventory	\$	0
5b	Less: cost or other basis and sales expenses	\$	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
6b	Gross income from fundraising events	\$	0
6c	Less: direct expenses from gaming and fundraising events	\$	0
6d	Net income or (loss) from gaming and fundraising events	\$	0
7a	Gross sales of inventory, less returns and allowances	\$	0
7b	Less: cost of goods sold	\$	0
7c	Gross profit or (loss) from sales of inventory	\$	0
8	Other revenue	\$	0
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	117287
10	Grants and similar amounts paid (list in Schedule O)	\$	57500
11	Benefits paid to or for members	\$	0
12	Salaries, other compensation, and employee benefits	\$	0
13	Professional fees and other payments to independent contractors		6297
14	Occupancy, rent, utilities, and maintenance	\$	0
15	Printing, publications, postage, and shipping	\$	559
16		\$	3656
17	Total expenses Add lines 10 through 16	\$	68012
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	49275
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	93824
20	Other changes in net assets or fund balances (explain in Schedule O)	\$	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	143099

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

22	Cash, savings, and investments	\$	93824
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23	Land and buildings	\$	0	\$	0
24	Other assets (describe in Schedule O)	\$	0	\$	0
25	Total assets	\$	93824	\$	143099
26	Total liabilities (describe in Schedule O)	\$	0	\$	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$	93824	\$	143099

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organizations primary exempt purpose?

RESEARCHING CURES AND TREATMENTS FOR CTNNB1 SYNDROME

Description: RESEARCH GRANT TO DR. MICHELE JACOB AT TUFTS UNIVERSITY

Check if this amount includes foreign grants

Grant:

\$ 57500

Expense:

\$ 10512

32. Total program service expenses (add lines 28a through 31a)

\$ 10512

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEAN COCHRAN, TREASURER	5	\$ 0	\$ 0	\$ 0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$	0
37b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	\$	
39b	Gross receipts, included on line 9, for public use of club facilities	\$	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed: NJ		
42a	The organization books are in care of SEAN COCHRAN, Telephone no. 973-978-5585 Located at 8 LOANTAKA LN N, MORRISTOWN , NJ, 07960-7021		

42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	44d. If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	At any time during the calendar year, did the organization maintain an office outside the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	If "Yes" to 49a, was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None". -- none --		
50f	Total number of other employees paid over \$100,000		0
51	Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None". -- none --		
51b	Total number of other independent contractors each receiving over \$100,000		0
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule A
(Form 990 or 990-EZ)

Department of Treasury
Internal Revenue Service

**Public Charity Status
and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attached to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization:

ADVANCING CTNNB1 CURES AND TREATMENTS INC

Employer identification number:

83-4541448

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii).
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 12a 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.
- 12b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- 12c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- 12d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- 12e 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.
- 12f Enter the number of supported organizations: 0
- 12g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described in line 1-10 above)	(IV) Is the organization listed in your governing document?	(V) Amount of monetary support	(VI) Amount of other support
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-- none --

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) >		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 80611	\$ 113018	\$ 117287	\$ 310916
2	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4	Total. Add lines 1 through 3	\$ 0	\$ 0	\$ 80611	\$ 113018	\$ 117287	\$ 310916
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)						\$ 0
6	Public support. Subtract line 5 from line 4						\$ 310916

Section B. Total Support

Calendar year (or fiscal year beginning in) >		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	\$ 0	\$ 0	\$ 80611	\$ 113018	\$ 117287	\$ 310916
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
11	Total support. Add lines 7 through 10						\$ 310916
12	Gross receipts from related activities, etc. (see instructions)						\$ 0
13	First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))						0 %
15	Public support percentage from 2016 Schedule A, Part II, line 14						0 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
16b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) >		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 80611	\$ 113018	\$ 193629	\$ 387258
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations tax-exempt purpose	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

6	Total. Add lines 1 through 5	\$	0	\$	0	\$	80611	\$	113018	\$	193629	\$	387258
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
7b	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	\$	0	\$	0	\$	0	\$	0	\$	0
7c	Add lines 7a and 7b	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
8	Public support. (Subtract line 7c from line 6.)											\$	387258

Section B. Total Support

Calendar year (or fiscal year beginning in) >		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
9	Amounts from line 6	\$	0	\$	0	\$	80611	\$	113018	\$	193629	\$	387258
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
10c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
11	Net income from unrelated business activities, whether or not the business is regularly carried on	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0
13	Total support. Add lines 7 through 10	\$	0	\$	0	\$	80611	\$	113018	\$	193629	\$	387258
12	Gross receipts from related activities, etc. (see instructions)											\$	0
13	First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here												<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	0 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	0 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	0.00 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	0.00 %
19a	33 1/3% support test—2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
19b	33 1/3% support test—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organizations supported organizations listed by name in the organizations 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3c	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10b	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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11b	A family member of a person described in (a) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Type I Supporting Organizations

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section C. Type II Supporting Organizations

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 organization(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Section D. All Type III Supporting Organizations

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	By reason of the relationship described in (2), 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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).		
1a	The organization satisfied the Activities Test. Complete line 2 below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b	The organization is the parent of each of its supported organizations. Complete line 3 below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Activities Test. Answer (a) and (b) below.		
2a	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Parent of Supported Organizations. Answer (a) and (b) below.		
3a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Section A. Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	\$ 0	\$ 0
2	Recoveries of prior-year distributions	\$ 0	\$ 0
3	Other gross income (see instructions)	\$ 0	\$ 0
4	Add lines 1 through 3.	\$ 0	\$ 0
5	Depreciation and depletion	\$ 0	\$ 0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	\$ 0	\$ 0
7	Other expenses (see instructions)	\$ 0	\$ 0
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	\$ 0	\$ 0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
1a	Average monthly value of securities	\$ 0	\$ 0
1b	Average monthly cash balances	\$ 0	\$ 0
1c	Fair market value of other non-exempt-use assets	\$ 0	\$ 0
1d	Total (add lines 1a, 1b, and 1c)	\$ 0	\$ 0
1e	Discount claimed for blockage or other factors (explain in detail in Part VI):	\$ 0	\$ 0
2	Acquisition indebtedness applicable to non-exempt-use assets	\$ 0	\$ 0
3	Subtract line 2 from line 1d.	\$ 0	\$ 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	\$ 0	\$ 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	\$ 0	\$ 0
6	Multiply line 5 by .035.	\$ 0	\$ 0

7	Recoveries of prior-year distributions	\$	0	\$	0
8	Minimum Asset Amount (add line 7 to line 6)	\$	0	\$	0
Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	\$			0
2	Enter 85% of line 1.	\$			0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	\$			0
4	Enter greater of line 2 or line 3.	\$			0
5	Income tax imposed in prior year	\$			0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	\$			0
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).				<input checked="" type="checkbox"/>

Schedule O
(Form 990 or 990-EZ)

Department of Treasury
Internal Revenue Service

**Supplemental Information
to Form 990-EZ**

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

OMB No. 1545-1150

2021

Open To Public Inspection

Name of the organization:

ADVANCING CTNNB1 CURES AND TREATMENTS INC

Employer identification number:

83-4541448

Additional information, entered into Schedule O:

LINE 10 GRANT EXPENSES - GRANT TO TUFTS UNIVERSITY LINE 13 PROFESSIONAL FEES - WEBSITE DESIGN TAX PREPERATION DELAWARE
ANNUAL TAX REPORT NJ STATE REGISTRATION LEGAL EXPENSES TO BAKER BOTTS LINE 15 PRINTING AND REPRODUCTION - POSTAGE CANVA
LINE 16 OTHER EXPENSES - EXPENSES FOR ZOOM CONFERENCE ATTENDANCE KINDFUL CRM SYSTEM WIRE FEES SQUARESPACE