Form **990-EZ**

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)

2019

OMB No. 1545-0047

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

			endar year, or tax year beginning	and e	nding						
	Check if applicat	ck if licable: C Name of organization D E					D Employer identification number				
Ĺ	Addr	ess change			14394						
L	Nam								59		
	Initia	arrotarri							E Telephone number		
L	term	inated	2001 HAMILTON STREET		917		215	20551	27		
L	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code				F Group E	Exemption			
L	Applic	cation pending	PHILADELPHIA, PA 19130				Number				
		nting Meth							he organization is		
			TXDISORDERS.ORG				not requ	uired to attac	ch Schedule B		
			us (check only one) $ \times$ 501(c)(3) \times 501(c) () \prec (insert no.)	4947(a)(1) or	527	(Form 9	990, 990-EZ <u>,</u>	or 990-PF).		
		of organiza	· · · · · · · · · · · · · · · · · · ·	Other							
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or						440 055		
_	columi	n (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund I	D-1		<u></u>	>	\$	112,357.		
Р	art I	_			,			,			
_			if the organization used Schedule O to respond to any question in this Part I								
	1		tions, gifts, grants, and similar amounts received					_	112,357.		
	2		service revenue including government fees and contracts								
	3		ship dues and assessments								
	4		nt income	- 1			4				
	5a		nount from sale of assets other than inventory	5a							
	b		st or other basis and sales expenses	5b							
	C	,					50	:			
	6		and fundraising events:								
ē	a		come from gaming (attach Schedule G if greater than	. 1							
Revenue		\$15,000)		6a							
Re V	b		come from fundraising events (not including \$ 33,783.	of contribution	ons						
_			draising events reported on line 1) (attach Schedule G if the sum of such	1							
		-	ome and contributions exceeds \$15,000)	6b			7.0				
	C		ect expenses from gaming and fundraising events	6c		3,37			6 270		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subt I	1			60	1	-6,370.		
	7a		les of inventory, less returns and allowances	7a							
	b		st of goods sold	7b							
	C	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)				70				
	8	Other rev	renue (describe in Schedule O)						105 007		
_	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		DIII II		▶ 9		105,987.		
	10	Grants ar	nd similar amounts paid (list in Schedule 0)	E SCHE.	DOPE		10	_	75,000.		
	11		paid to or for members								
es	12		other compensation, and employee benefits						240.		
ens	13		onal fees and other payments to independent contractors						240.		
Expenses	. 14		cy, rent, utilities, and maintenance						1,787.		
_	''		publications, postage, and shipping	e come	חווד ה				54,033.		
	16		penses (describe in Schedule 0)				16				
_	17		penses. Add lines 10 through 16				17		131,060.		
ţ	18		r (deficit) for the year (subtract line 17 from line 9)				18	5	-25,073.		
sse	19		s or fund balances at beginning of year (from line 27, column (A))						50 170		
Net Assets	00		ree with end-of-year figure reported on prior year's return)						59,170. 0.		
Š	20		anges in net assets or fund balances (explain in Schedule 0)						34,097.		
	21	iver asset	ts or fund balances at end of year. Combine lines 18 through 20				▶ 21		Jt, UJ/•		

	90-EZ (2019) STXBP1 FOUNDATION		8	32-	14	394	59 Page
Par	,						_
	Check if the organization used Schedule O to res	spond to any questi		<u>.</u>		·-··	
		<u> </u>	(A) Beginning of year	-	_	(B) Ŀ	nd of year
	Cash, savings, and investments		59,170.	22			34,097
	Land and buildings			23			
	Other assets (describe in Schedule 0)		FO 170	24			24 007
	Total assets		59,170.	25			34,097
	Total liabilities (describe in Schedule 0)		0. 59,170.	26			24 007
	Net assets or fund balances (line 27 of column (B) must agree with line 21 till Statement of Program Service Accomplishme	l) Ants (see the instru		27		-	34,097
Fai	Check if the organization used Schedule O to res	•	,	X	l (Re		rpenses for section
\/\bat:	s the organization's primary exempt purpose? SEE SCHEDULE		on in this Part III	Δ	† 501	l(c)(3)	and 501(c)(4)
						anizatio ers.)	ons; optional for
	e the organization's program service accomplishments for each of its three largest program describe the services provided, the number of persons benefited, and other relevant inform		ses. In a clear and concise		"	013.)	
28 A	WARDED RESEARCH GRANT						
_	75.000						
	Grants \$ 75,000.) If this amount includes foreign				28a		0
_	OSTED FIRST ANNUAL SCIENTIFIC INVI	STIGATOR AND	FAMILY	_			
<u>M</u>	EETING			_			
_			<u> </u>	_			40 647
_	Grants \$) If this amount includes foreign	grants, check here			29a		49,647
30 _				_			
_				_			
(6	Grants \$ 0 •) If this amount includes foreign	grants check here	▶ [_	30a		
_	ther program services (describe in Schedule O)				000		
	Grants \$) If this amount includes foreign		. 1		31a		
	· · · · · · · · · · · · · · · · · · ·						49,647
Par	otal program service expenses (add lines 28a through 31a) t IV List of Officers, Directors, Trustees, and Key I	Employees (list each o	ne even if not compensated - se	e the i	instruc	ctions for	r Part IV)
	Check if the organization used Schedule O to res	spond to any questi	on in this Part IV				
		(b) Average hours				enefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple		enefit eferred	amount of othe
		position	(if not paid, enter -0-)		pensa		compensation
	RLENE SON RIGBY						
	SIDENT	20.00	0.			0.	0
	ISSA HIOCO						
	RETARY	20.00	0.			0.	0
	THER JONES					_	
	ASURER	15.00	0.			0.	0
	NIFER CLATTERBUCK					•	
	MUNICATIONS & PR DIRECTOR	10.00	0.			0.	0
	S NOVY					0	
DIK	ECTOR, MARKETING	10.00	0.			0.	0
		\dashv					
		\dashv					
							

82-1439459 Page 3 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 Sch. O to respond to any question in this Part V

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part '	V	X
			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 0	33		х
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's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	3T /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
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	36		<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	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?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $ ightharpoonup 0$.			
е	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	40e		X
41	List the states with which a copy of this return is filed ▶ PA			
42 a	The organization's books are in care of \blacktriangleright HEATHER JONES Telephone no. \blacktriangleright 513-72			
	Located at ▶ 128 BUXTONWOOD PLACE, APEX, NC ZIP+4 ▶ 2	2753	9	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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	45b		

						,		Yes	No
	rganization engage, directly or indirectly, in p	· -		* *	-	i i			37
	complete Schedule C, Part I Section 501(c)(3) Organization	ns Only					46		X
	All section 501(c)(3) organizations mus		19h and 52 and	complete the ta	hlee for lines	s 50 and 51			
	Check if the organization used Schedu	· · · · · · · · · · · · · · · · · · ·		•					
	oneok ii the organization acca concac	io o to respond to arry t	question in time	1 411 11				Yes	No
7 Did the o	organization engage in lobbying activities or h	nave a section 501(h) elect	ion in effect durin	g the tax year? If "\	es," complete	Sch. C, Part II	47		Х
	ganization a school as described in section 1						48		Х
	rganization make any transfers to an exempt					The state of the s	49a		X
b If "Yes," v	was the related organization a section 527 or	ganization?					49b		
0 Complete	e this table for the organization's five highest	compensated employees	other than office	rs, directors, truste	es, and key er	mployees) who ea	ach rec	ceived n	nore
than \$10	0,000 of compensation from the organization	n. If there is none, enter "N	one."			_			
	(a) Name and title of each employe	ee	(b) Average		Reportable	(d) Health benefits contributions to	· \-) Estim	
			per week dev positio	VOIGU 10 W-2	/1099-MISC)	employee benefit plans, and deferred		ount of impensa	
	NC	NE	positio	"		compensation		ilipelise	111011
							+		
							+		
							+		
							+-		
f Total nur	mber of other employees paid over \$100,000			I					
(a) N	Name and business address of each indepen	dent contractor		(b) Type o	f service	(c)	<u>Compe</u>	ensatior	<u> </u>
	mber of other independent contractors each inganization complete Schedule A? Note: All	-	tions must attach	>	•	•			
complete	ed Schedule A						ΧΥ		N
•	s of perjury, I declare that I have examined th	, ,		•		•	ge and	l belief,	it is
ue, correct, a	nd complete. Declaration of preparer (other	than officer) is based on al	l information of w	hich preparer has a	any knowledg	e. T			
ian	Signature of officer					Date	\leq		SIGN
Sign Here		ASURER							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
_ :	STEPHANIE E. KANE,	STEPHANIE I	E. KANE		self- emplo	_			
Paid	CPA	CPA	_ ·,	07/09/20		P01	275	157	
reparer	Firm's name ► RKL LLP	 		0.,05,20	Firm'e FIN	▶ 23-21			
Jse Only	Firm's address ► 1330 BROAD	CASTING ROAD). PO RO	x 7008	Phone no.				
		ϵ , PA 19610-6		,	I HOHE HU	. 010 57		<u> </u>	
lay the IRS di	iscuss this return with the preparer shown at)	ΧΥ	es 🗌	
				<u></u>			Form §	990-EZ	(201

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization STXBP1 FOUNDATION 82-1439459 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				61,460.	112,356.	173,816.
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				61,460.	112,356.	173,816.
	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,						
6							173,816.
	Public support. Subtract line 5 from line 4.						173,010.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	61,460.	112,356.	173,816.
	Gross income from interest.				01,400.	112,330.	173,010.
0	,						
	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.)						170 016
11	Total support. Add lines 7 through 10						173,816.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	ŭ			•	. , . ,	
0	organization, check this box and stop	here					<u>▼</u> X
Sec	tion C. Computation of Public	Support Per	centage			<u> </u>	
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies a	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2018. If the o	-					
	and stop here. The organization quali	fies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	s-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances" t	est. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test.	The organization o	jualifies as a public	cly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	• >

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)	41	Cont			- 504(-)(0)	
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
0		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
401		
10b n 990 or 99	0-EZ)	2019

Par	t 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	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	belov	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 359	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contr	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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,			
		rvised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization'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			
	organ	nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supp	orted organizations played in this regard.	3		
Sec	tion i	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	\vdash	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 government entity (see instr	uctions) I		
2		ities Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	0-		
L		hese activities constituted substantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these	2h		
2		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D		supported organizations? If IIVo II describe in Part VI the vale placed by the experiencies in this report	3h		

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions. Al
		other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Secti	on A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net sh	ort-term capital gain	1		
2	Recov	eries of prior-year distributions	2		
3	Other	gross income (see instructions)	3		
4	Add lir	nes 1 through 3.	4		
5	Depre	ciation and depletion	5		
6	Portio	n of operating expenses paid or incurred for production or			
	collect	tion of gross income or for management, conservation, or			
	mainte	enance of property held for production of income (see instructions)	6		
7	Other	expenses (see instructions)	7		
8	Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggre	gate fair market value of all non-exempt-use assets (see			
	instruc	ctions for short tax year or assets held for part of year):			
а	Averag	ge monthly value of securities	1a		
b	Averag	ge monthly cash balances	1b		
С	Fair m	arket value of other non-exempt-use assets	1c		
d	Total	(add lines 1a, 1b, and 1c)	1d		
е	Disco	unt claimed for blockage or other			
	factors	s (explain in detail in Part VI):			
2	Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3	Subtra	act line 2 from line 1d.	3		
4	Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ins	structions).	4		
5	Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multip	ly line 5 by .035.	6		
7		eries of prior-year distributions	7		
8	Minim	um Asset Amount (add line 7 to line 6)	8		
Secti	on C -	Distributable Amount			Current Year
1	Adjust	red net income for prior year (from Section A, line 8, Column A)	1		
2		85% of line 1.	2		
3	Minim	um asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter	greater of line 2 or line 3.	4		
5	Incom	e tax imposed in prior year	5		
6	Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
		ency temporary reduction (see instructions).	6		
7		Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	LV I	pe III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Dis	tributions			Current Year
1	Amounts				
2	Amounts				
	organizati				
3	Administr	ative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dist	ributions (describe in Part VI). See instructions.			
7	Total ann	ual distributions. Add lines 1 through 6.			
8	Distribution	ns to attentive supported organizations to which th	e organization is responsive		
	(provide d	etails in Part VI). See instructions.			
9	Distributa	ble amount for 2019 from Section C, line 6			
10	Line 8 am	ount divided by line 9 amount			
Secti	on E - Dis	tribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributa	ole amount for 2019 from Section C, line 6			
2	Underdist	ributions, if any, for years prior to 2019 (reason-			
	able caus	e required- explain in Part VI). See instructions.			
3	Excess di	stributions carryover, if any, to 2019			
а	From 201	4			
b	From 201	5			
С	From 201	6			
d	From 201	7			
е	From 201	3			
f	Total of li	nes 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2019 distributable amount			
i	Carryover	from 2014 not applied (see instructions)			
j	Remainde	r. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	ns for 2019 from Section D,			
	line 7:	\$			
а	Applied to	underdistributions of prior years			
b	Applied to	2019 distributable amount			
С	Remainde	r. Subtract lines 4a and 4b from 4.			
5	Remaining	g underdistributions for years prior to 2019, if			
	any. Subt	ract lines 3g and 4a from line 2. For result greater			
	than zero	explain in Part VI. See instructions.			
6	Remaining	g underdistributions for 2019. Subtract lines 3h			
	and 4b fro	m line 1. For result greater than zero, explain in			
	Part VI. S	ee instructions.			
7	Excess d	stributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdow	n of line 7:			
а	Excess fro	om 2015			
b	Excess fro	om 2016			
С	Excess fro	om 2017			
d	Excess fro	om 2018			
е	Excess fro	om 2019			

Schedule A (Form 990 or 990-EZ) 2019

VI	(Form 990 or 990-EZ) 2019 STXBP1 FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	82-1439459	P
•••	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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Sectior , Section B, line 1e; Pa	n C, art V

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

0040

2019

OMB No. 1545-0047

Name of the organization Employer identification number STXBP1 FOUNDATION 82-1439459

Filers of:		Section:
Form 990) or 990-EZ	X 501(c)(3) (enter number) organization
1 01111 000	7 01 000 L2	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	· -	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on I	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

STXBP1 FOUNDATION

82-1439459

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIRECTLY INC 333 BRYANT ST, STE 250 SAN FRANCISCO, CA 94107	\$5,000.	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
2	CITIZEN'S UNITED FOR RESEARCH IN EPILEPSY INC (CURE) 430 W ERIE ST, STE 210 CHICAGO, IL 60654-6920	\$7,500.	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
3	SIMONS FOUNDATION 160 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

STXBP1 FOUNDATION

82-1439459

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10	 	990 990-F7 or 990-PF) (2019)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** STXBP1 FOUNDATION 82-1439459 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

STXBP1 FOUNDATION

Employer identification number 82-1439459

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY I have custody I I I I I I I I I I I I I I I I I I I						
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration	
or licerising.							

82-1439459 Page 2 Schedule G (Form 990 or 990-EZ) 2019 STXBP1 FOUNDATION Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through 5K RACES col. (c)) (event type) (event type) (total number) 33,783. 33,783. Gross receipts 33,783 33,783. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 1,302. 1,302. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 5,067. 5,067 9 Other direct expenses 6,369 **10** Direct expense summary. Add lines 4 through 9 in column (d) -6,369 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 STXBP1 FOUNDATION	82-14	394	59	Page 3
	Does the organization conduct gaming activities with nonmembers?		Y	es	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_			
	to administer charitable gaming?		Y	es	No
	Indicate the percentage of gaming activity conducted in:		- 1		
	The organization's facility		3a		<u>%</u>
	o An outside facility		3b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	; :			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Y	es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party \$\bigs\\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Gaming manager compensation				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	[Y	es	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v):			- 0 0	l- 40l-
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part II	i, iines	s 9, 9	D, 10D,
	Tob, To, and Trb, as applicable. Also provide any additional mioritation. Get instructions.				
_					

Schedule G	G (Form 990 or 990-EZ)	STXBP1	FOUNDATION		82-1439459	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(contin}	nued)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

STXBP1 FOUNDATION

Employer identification number 82-1439459

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: RESEARCH GRANT	
GRANTEE NAME: UNIVERSITY OF PENNSYLVANIA	
GRANTEE ADDRESS: 3451 WALNUT STREET, SUITE 305 PHILADELPHIA, PA 19104	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN: 75,	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES: AMOUNT	:
CONFERENCES AND MEETINGS 49,	647.
OTHER FUNDRAISING EXPENSES 1,	657.
OTHER ADMINISTRATIVE EXPENSES 2,	729.
TOTAL TO FORM 990-EZ, LINE 16 54,	033.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE AWARENESS AND	
FUNDS TO PROMOTE RESEARCH FOR STXBP1 DISORDERS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	