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Form	<b>330</b>

Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



AF	or the	2021 calendar year, or tax year beginning and c	ending		
B C a	heck if pplicabl	C Name of organization		D Employer identific	cation number
X	Addre	STXBP1 FOUNDATION			
	Name chang			82-14394	59
	Initial return		Room/suite	E Telephone number	
	Final return	PO BOX 1148		513-720-0	
	termir ated			<b>G</b> Gross receipts \$	587,683.
	Amen	HOLLI SPRINGS, NC 2/340		H(a) Is this a group re	
	Applic tion pendii	F Name and address of principal officer: CHARDENE SON RIGBI		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
_		te: WWW.STXBP1DISORDERS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2017 N	State of legal domicile: PA
Ра	rt I	Summary			
ø		Briefly describe the organization's mission or most significant activities: TO CE			
anc		DISORDERS ASSOCIATED WITH STXBP1 MUTATION			
Governance		Check this box			
Š					<u> </u>
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			20
Activities &		Total number of volunteers (estimate if necessary)			0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		296,852.	587,683.
IUe				0.	0.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		296,852.	587,683.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	332,225.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	77.		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,494.	294,156.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,494.	626,381.
		Revenue less expenses. Subtract line 18 from line 12		284,358.	-38,698.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		318,455.	507,143.
AS	21	Total liabilities (Part X, line 26)		0.	227,387.
Let	22	Net assets or fund balances. Subtract line 21 from line 20		318,455.	279,756.
	rt II	Signature Block	•		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					SIGN HERE				
Sign	Signature of officer			Date					
Here	<b>HEATHER JONES, TREASUR</b>	ER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	STEPHANIE E. KANE, CPA	STEPHANIE E. KANE,	, C 11/11	/22 self-employed P01275157					
Preparer	Firm's name 🕒 RKL LLP			Firm's EIN 🕨 23-2108173					
Use Only	Firm's address 🕨 1330 BROADCASTIN	G ROAD							
	WYOMISSING, PA 1	9610-6008		Phone no. 610 - 376 - 1595					
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (202	21)				
~									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) STXBP1 FOUNDATION	82-1	439459	Page <b>2</b>
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	TO CREATE AWARENESS IN THE DISORDERS ASSOCIATED WITH STX	BP1 №	UTATION	s.
	FUND AND DRIVE RESEARCH DISCOVERY OF A CURE. PROVIDE FAM			
	TOOLS TO HELP THEM UNDERSTAND THE DISEASE & HOW TO GET I			
	ADVOCATE TO IMPROVE EARLY DETECTION. FOSTER ACTIVISM TO			
2	Did the organization undertake any significant program services during the year which were not listed on the		0	
2				X No
			L Yes	
	If "Yes," describe these new services on Schedule O.			<b>T</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the tot	al expenses, ar	nd
	revenue, if any, for each program service reported.			
4a	(Code: ) (Expenses \$ 540,203. including grants of \$ 332,225. ) (Reven	ue \$		)
	FUNDED MULTIPLE PRECLINICAL GRANTS TO VARIOUS ORGANIZATI		O FURTH	ER
	RESEARCH AROUND STXBP1			
4b	(Code:) (Expenses \$19, 273. including grants of \$) (Reven	ue \$		)
	HOSTED VIRTUAL STXBP1 SUMMIT+ TO UPDATE FAMILIES ON CURR		ESEARCH	AS
	WELL AS PROVIDE ADDITIONAL RESOURCES TO BE USED IN EVERY			
4c	(Code:) (Expenses \$ including grants of \$) (Reven			)
70		Je \$		)
<u> </u>				
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses <b>559,476</b> .			
				90 (2021)

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Form 990 (2021) STXBP1 FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	<u> </u>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II		- 23	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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 Form 990 (2021)
 STXBP1
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		<u>35a</u>		- 23
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of pactice 512(b)(12)2 (clives a second to 0, both to 0,	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				1
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u> </u>	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
b	b If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
h	any contributions that were not tax deductible as charitable contributions?	Ud		
D D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	<u>N/</u> N/	
-	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	•		
9	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u> Sponsoring organizations maintaining donor advised funds.	8		
э а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

		Ι.		-		
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	6	끽		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		·	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
	Did the even institute have mean have an attack hald are 0			6		X
6 7-	•					<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				v
	more members of the governing body?			7a		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ocknol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
	<ul> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
Ū	on Schedule O how this was done	,		12c	х	
13				13		x
14				14		X
	Did the organization have a written document retention and destruction policy?			17		
15		групс	lependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.		v
	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					v
-	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ , IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	HEATHER JONES - 513-720-6302					
	308 VICTORY FALLS DRIVE, APEX, NC 27539					

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X

Yes No

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

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

Form 990 (2021)

Section A. Governing Body and Management

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
•	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year endi	ng with or within the organization's	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pei	rson i	s botł	n an	compensation	compensation	amount of		
	week		officer and a dire		director/trustee)		tee)	from	from related	other		
	(list any	ector.						the	organizations	compensation		
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		yolqr	vee vee	_	1099-1120)		organizations		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) CHARLENE SON RIGBY	30.00	_	_		-	1						
PRESIDENT		х		x				0.	0.	0.		
(2) MELISSA HIOCO	30.00											
SECRETARY & DIRECTOR, DEVE		Х		Х				0.	0.	0.		
(3) JACQUELINE STEINBERG	10.00											
VICE PRESIDENT & SCIENTIFI		Х		Х				0.	0.	0.		
(4) HEATHER JONES	15.00											
TREASURER		Х		X				0.	0.	0.		
(5) JENNIFER CLATTERBUCK	5.00									0		
DIRECTOR, COMMUNITY ENGAGE	F 00	Х		X				0.	0.	0.		
(6) RUSS NOVY DIRECTOR, MARKETING & BRAN	5.00	x		x				0.	0.	0		
DIRECTOR, MARKETING & BRAN		~		<u> </u>		-		0.	0.	0.		
							$\vdash$					

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Part VII Section A. Officers, Directors, Tru		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do not check more than one				than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	I	compen from organiz and rel organiza	the ation ated	
		-											
		-											
		-											
		-											
1b Subtotal								0.		0.		0.	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.0.		0.		0.	
2 Total number of individuals (including but compensation from the organization							o re	eceived more than \$100,	000 of reportable	9		0	
3 Did the organization list any former office	r, director, trust	ee, k	ey e	empl	loye	e, or	hig	hest compensated emp	loyee on	[	Ye	s No	
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	X	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4	X	
rendered to the organization? <i>If</i> "Yes," <i>col</i> Section B. Independent Contractors	nplete Schedule	e J fo	or su	ich į	bers	on .					5	X	
1 Complete this table for your five highest co	•	•							•	pensat	ion from		
the organization. Report compensation for (A) Name and busines:		ear e	nan	ig w				(B) Description of services			<b>(C)</b> Compensation		
RAREBASE, 1804 EMBARCADERO RD., SUITE								DATA RETENTION AND			150,		
	-												
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nitec	to	thos 1	se lis I	ted	above) who received me	ore than				

Ра	rt VII							
		Check if Schedule O	contains a respoi	nse or note to any lin	(A) (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	ibutions) 1e grants, and above 1f lines 1a-1f 1g \$	Business Code	587,683.			
Progra Re	d e f a	All other program service	revenue					
	3 4 5	Investment income (includ other similar amounts) Income from investment of Royalties	ding dividends, in	nterest, and and proceeds				
	6a b c	Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c	(ii) Personal				
enue	7 a b		(i) Securiti 7a 7b	ies (ii) Other				
Other Revenue	d	Net gain or (loss)         Gross income from fundraisii         including \$       89         contributions reported on         Part IV, line 18	ng events (not <b>,624.</b> of line 1c). See	8a 0.				
	с 9 а	Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	fundraising even Ig activities. See	8b         0 .           ts	0.			
	10 a b	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	ess returns	10a 10b				
Miscellaneous Revenue	11 a b c d			Business Code				
		Total revenue. See instruction			587,683.	0.	0.	0.

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	on 501(c)(3) and 501(c)(4) organizations must comple		r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	332,225.	332,225.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10 11	Payroll taxes				
a	Management				
a b		2,744.		2,744.	
с С	Legal	5,745.		5,745.	
с А	Lobbying	577150			
ц В	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	236,295.	207,791.		28,504.
12	Advortising and promotion	5,419.	,,,,,	93.	<u>28,504</u> 5,326.
13	Office expenses	49.	21.	28.	
14	Information technology	2,442.		2,442.	
15	Royalties	•			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,072.	19,439.	4,626.	7,007.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
• •					

6,653.

3,040.

626,381.

650.

47.

559,476.

Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) BANK FEES а COMPLIANCE FEES b PROFESSIONAL ORGANIZATI С d MISCELLANEOUS е All other expenses Total functional expenses. Add lines 1 through 24e 25

Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

6,653.

3,040.

50,577.

47.

650.

16,328.

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га	πλ	Dalance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			278,090.	1	484,808.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	18,897.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, se					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	3,438.
	10a	Land, buildings, and equipment: cost or othe	ner				
		basis. Complete Part VI of Schedule D	1	0a			
	b	Less: accumulated depreciation	1	0b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must				16	507,143.
	17	Accounts payable and accrued expenses				17	98,322.
	18	Grants payable				18	129,065.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or	former of	officer, director,			
Liabilities		trustee, key employee, creator or founder, se					
abil		controlled entity or family member of any of		22			
	23	Secured mortgages and notes payable to ur		23			
	24	Unsecured notes and loans payable to unrel	lated th	ird parties		24	
	25	Other liabilities (including federal income tax	x, payab	les to related third			
		parties, and other liabilities not included on l					
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			0.	26	227,387.
		Organizations that follow FASB ASC 958,	check	here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		27	279,256.		
Ba	28	Net assets with donor restrictions		<u></u>	50,276.	28	500.
pu		Organizations that do not follow FASB AS	SC 958,	check here 🕨 📃			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	inds			29	
set	30	Paid-in or capital surplus, or land, building, c	or equip	ment fund		30	
As	31	Retained earnings, endowment, accumulate	ed incon	ne, or other funds		31	
Net	32	Total net assets or fund balances				32	279,756.
	33	Total liabilities and net assets/fund balances	s		318,455.	33	<u>507,143.</u>

507,143. Form **990** (2021)

## Form 990 (2021) Part X Balance Sheet

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Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	587						
2	Total expenses (must equal Part IX, column (A), line 25)	2	626	, 38	<u>31.</u>				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	-1.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	279	,75	56.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			_ (						

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