# Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

B Check if C Name of organization

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

and ending

Inspection

D Employer identification number

_	⊐Addre				
F	_Addre _chang _Name			45 01005	2.5
Ļ	chang	Doing business as		45-21905	
	return _Final _return	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 737	Room/suite	E Telephone numbe 859-585-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	451,967.
	Amen return	OWINGSVILLE, KY 40360		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:GLENNA STEELE		for subordinates	
	pendi	<sup>ng</sup> P.O. BOX 737, OWINGSVILLE, KY 40360		H(b) Are all subordinates in	ncluded? Yes No
T	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 52°	7 If "No," attach a	list. See instructions
JΙ	Nebsi	te: ► WWW.G1DFOUNDATION.ORG		H(c) Group exemptio	n number 🕨
K	orm o	organization: X Corporation Trust Association Other	L Year	r of formation: 2011 N	A State of legal domicile: IN
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	GLUT1	DEFICIENCY	FOUNDATION
anc		IS A NONPROFIT PATIENT ADVOCACY ORGANIZA	TION 1	DEDICATED TO	IMPROVING
Governance	2	Check this box  if the organization discontinued its operations or dispo	sed of mor	re than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		354,607.	442,245.
Je n	9	Program service revenue (Part VIII, line 2g)		797.	8,972.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,264.	750.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		357,668.	451,967.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		178,700.	146,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	62 604
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		46,711.	63,604.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)		60 500	125 242
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,588. 285,999.	135,342. 345,696.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		71,669.	106,271.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		•	
ance	00	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		eginning of Current Year 489,814.	End of Year 401,741.
Net Asse Fund Bal	20	Total liabilities (Part V. line 26)		320,846.	126,502.
let/ und/	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		168,968.	275,239.
P	art II	Signature Block		100,500.	273,233.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	ments, and to the best of m	v knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			y miowiougo una sonoi, it io
	, 00	L	o., propare	l l	
Sig	n	Signature of officer		Date	
Her		GLENNA STEELE, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	JOE KING		if self-employ	P00590265
Pre	parer	Firm's name FAULKNER, KING & WENZ, PSC		Firm's EIN	61-1038574
	Only	Firm's address P.O. BOX 285			
		MT. STERLING, KY 40353		Phone no.85	9-498-1836
May	/ the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
_					E 000 (2224)

Biefly describe the organization's mession: THE GLUTI DEFICIENCY FOUNDATION IS A NONPROPIT PATIENT ADVOCACY ORGANIZATION DEDICATED TO IMPROVING LIVES IN THE GLUTI DEFICIENCY COMMUNITY THROUGH ITS MISSION OF INCREASED AWARENESS, IMPROVED EDUCATION, ADVOCACY FOR PATIENTS AND FAMILIES, AND SUPFORT AND FUNDING DEFICIENCY COMMUNITY THROUGH ITS MISSION OF INCREASED AWARENESS, IMPROVED EDUCATION, ADVOCACY FOR PATIENTS AND FAMILIES, AND SUPFORT AND FUNDING DID the organization undertake any significant program services during the year which were not listed on the prior form 950 or 990 £27.  If 'Yes,' describe these new services on Schedule O.  If 'Yes,' describe these changes on Schedule O.  If 'Yes,' describe these changes on Schedule O.  On Earth the organization rease concurring the year which were not listed on the prior form 950 feet.  Section \$90 (£2) and \$51 (£2) (4) organizations are required to report the amount of grants and allocations to others, the total expenses.  Section \$90 (£2) and \$51 (£2) (4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section \$90 (£2) and \$51 (£2) (4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service sports.  Section \$90 (£2) and \$10 (£2) (4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program services and the revenue if my, for each program services, as measured by expenses.  Section \$90 (£2) (£3) and \$10 (£4) (£3) (£4) (£4) (£5) (£4) (£5) (£5) (£5) (£5) (£5) (£5) (£5) (£5	Pai	t III Statement of Program Service Accomplishments
THE GLUT1 DEFICIENCY FOUNDATION IS A NONPROFIT PATIENT ADVOCACY ORGANIZATION DEDICATED TO IMPROVING LIVES IN THE GLUT1 DEFICIENCY COMMUNITY THROUGH ITS MISSION OF INCREASED AWARENESS, IMPROVED EDUCATION, ADVOCACY FOR PATIENTS AND FAMILIES, AND SUPPORT AND FUNDING  Did the organization undertake any significant program services during the year which were not listed on the provious specific program services during the year which were not listed on the provious of the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  If Yes, 'General these changes on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(68) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(68) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Placents 1 (Section 1) (Section		Check if Schedule O contains a response or note to any line in this Part III
COMMUNITY THROUGH TTS MISSION OF INCREASED AWARENESS, IMPROVED EDUCATION, ADVOCACY FOR PATIENTS AND FAMILES, AND SUPPORT AND FUNDING  2 Did the organization undertake any significant program services during the year which were not listed on the professor of th	1	
EDUCATION, ADVOCACY FOR PATIENTS AND FAMILIES, AND SUPPORT AND FUNDING  2 Did the organization undetake any significant program services during the year which were not listed on the prior Form 980 or 990 EZ?  If "Yes," describe these new services on Schedule O.  10 Did the organization case conducting, or make significant changes in how it conducts, any program services?    Yes   X  No If "Yes," describe these new services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)3) and 501(c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service section 501(c)3) and 501(c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  4a (cose		ORGANIZATION DEDICATED TO IMPROVING LIVES IN THE GLUT1 DEFICIENCY
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 999 or 990 E2?    Yes X No   17 Yes, 'describe these new services on Schedule O.		COMMUNITY THROUGH ITS MISSION OF INCREASED AWARENESS, IMPROVED
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2021. WE DID PARTICIPATE IN SEVERAL ONLINE CONFERENCES AS WELL. WE PROVIDE WELCOME PACKETS TO NEWLY DIAGNOSED FAMILIES WHO SIGN UP FOR OUR FAMILY NETWORK, AND MAINTAIN A NUMBER OF RESOURCES ON OUR WEBSITE.  4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 308,195.		
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4e Total program service expenses ► 308,195.	4d	
	40	222 125
	<u>4e</u>	Total program service expenses ► 500, 195.

### 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	X	<u> </u>
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			3,7
	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	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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	<b>-</b>		
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	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	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		Х
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		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	1990 (2021) GLUT1 DEFICIENCY FOUNDATION, INC. 45-2190	535	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)		1	1
	Dilli		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		┝
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del> </del>
ZTU	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		
	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		
	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%			l
	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			١
	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			<sub>V</sub>
	"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		┝≏
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  • •</del>		<del> </del>
0_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	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?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Tv	L
,	Fortunation and the bound of Forms 4000 Fortuna 0 March 200 Rock 100 March 200 March 2	1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 4	1		
D	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: 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?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 year						
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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		X			
9	Sponsoring organizations maintaining donor advised funds.			v			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		22			
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12						
a b	Initiation fees and capital contributions included on Part VIII, line 12						
11	Section 501(c)(12) organizations. Enter:						
'' a	Gross income from members or shareholders						
h	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	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?	17					
	If "Yes," complete Form 6069.						

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 > IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 books and records   CTENNA CREETE - 850-585-2538			
	GLENNA STEELE - 859-585-2538 P.O. BOX 737, OWINGSVILLE, KY 40360			
	TOO DOLL TOLL ON THOU ATTINITY INT. EDOLD			

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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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

(A)	(B)	(0			(C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an				than	one	Reportable	Reportable	Estimated	
	hours per week	offi	, unie cer ar	ss pe id a d	rson irecto	r/trus	n an tee)	compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for	Individual trustee or director	88			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	rustee	Institutional trustee		ee Ge	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	d ual t	utiona	_	Key employee	st cor	5	1000 NEO)		organizations	
	line)	Indivi	Institu	Officer	Keyeı	Highest compensated employee	Former			J	
(1) GLENNA STEELE	40.00										
EXECUTIVE DIRECTOR				Х				45,000.	0.	0.	
(2) JASON MEYERS	5.00										
PRESIDENT		Х						0.	0.	0.	
(3) APRIL YORK	2.00							_	_	_	
VICE PRESIDENT		Х						0.	0.	0.	
(4) ROB RAPAPORT	5.00									_	
SECRETARY		Х						0.	0.	0.	
(5) DEBBIE STODDARD	3.00	١							•	•	
TREASURER	2 00	Х						0.	0.	0.	
(6) ERIN MEISNER	3.00	,,							0	0	
ADVOCACY DIRECTOR	2 00	Х						0.	0.	0.	
(7) MARIA REBBECCHI	3.00	<b>.</b> ,						0.	0.	0	
EDUCATION DIRECTOR	3.00	Х						0.	0.	0.	
(8) KELLY JONES COMMUNICATIONS DIRECTOR	3.00	x						0.	0.	0.	
(9) APRIL BREEN	3.00	^						0.	0.	<u> </u>	
FUNDRAISING DIRECTOR	3.00	X						0.	0.	0.	
(10) SANDRA OJEDA TORRES	20.00							0.	0.		
SCIENCE DIRECTOR	2000	X						13,077.	0.	0.	
20121102 221120131								23/01/0			
		1									
		1									
		1									
		1									

Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A)	)	(B)			•	C)	_		(D)	(E)			(F)		
Name ar	nd title	Average		not c		more	than		Reportable	Reportable					
		hours per week					is bot or/trus		· ·	compensatio			ount of		
		(list any						Ĺ	from the	from related organization			other		
		hours for	Individual trustee or director				L			(W-2/1099-MIS			ensation m the		
		related	96 Or (	stee			ısate		(W-2/1099-MISC/	1099-NEC)			nization		
		organizations	truste	al tru		yee	ımpeı		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		_	related		
		below	idual	Institutional trustee	er	Key employee	est co lo yee	Jer				orgar	nizations		
		line)	Indi	Insti	Officer of the contract of the	Keye	Highest compensated employee	Form							
							_								
							-								
			$\vdash$	-			$\vdash$				$\dashv$				
			1												
											$\overline{}$				
											-				
1b Subtotal				1			1	<b></b>	58,077.		0.		0.		
	ation sheets to Part VI								0.		0.		0.		
	and 1c)								58,077.		0.		0.		
									eceived more than \$100	,000 of reportab	le				
compensation from	the organization												(		
													Yes No		
•		•		•		•		_	ghest compensated emp	•					
line 1a? If "Yes," co.	mplete Schedule J for s	uch individual										3	X		
•	•	•							her compensation from	the organization					
and related organiza	ations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X		
, ,		•				,	•		ted organization or indivi		<i>;</i>				
		plete Schedul	e J t	for s	uch	pers	son .					5	<u> </u>		
Section B. Independent										•					
									that received more than		npens	ation fr	om		
the organization. Re		the calendar y	ear	endi	ng v	vith	or w	ıthır İ	n the organization's tax	year.		(0)			
	(A) Name and business	address	NI	ис	7				<b>(B)</b> Description of s	services	C	(C) ompen			
			111	J141	_			_	2000p						
								$\dashv$							
	ependent contractors (insation from the organia		ot li	mite	d to	tho	se li:	stec	d above) who received m	nore than					
													~~		

Form **990** (2021)

Pa	rt V	!!!!			as in this Dout VIII			
			Check if Schedule O contains a response	e or note to any iir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sis	1	_	Federated campaigns 1a					
ran			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
ìifts arA			Related organizations 1d					
s, G mila			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but			similar amounts not included above	442,245.				
ntri d O		g	Noncash contributions included in lines 1a-1f	-				
Co		_	Total. Add lines 1a-1f	<b>&gt;</b>	442,245.			
				Business Code				
ė	2	а	CONFERENCE INCOME	812900	7,642.	7,642.		
Program Service Revenue		b	MERCHANDISE AWARENESS	453000	1,330.	1,330.		
Se		С						
am		d						
og. H		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		8,972.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	1	а		(ii) Other				
		h	assets other than inventory Less; cost or other basis					
ē		D	and sales expenses <b>7b</b>					
Revenue		_	Gain or (loss) 7c					
Rev			Net gain or (loss)					
ē			Gross income from fundraising events (not					
Oth	•	_	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 85	)				
		С	Net income or (loss) from fundraising events	<b></b>				
			Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
		b	Less: direct expenses9b	)				
		С	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances10					
			Less: cost of goods sold10	•				
		С	Net income or (loss) from sales of inventory					
sn			CDEDIM CARD DONGS DOTA	Business Code	750	750		
Miscellaneous Revenue	11		CREDIT CARD BONUS POIN	561499	750.	750.		
llar		b		<u> </u>				
Sce		c	All other revenue					
Σ			All other revenue		750.			
	12	<del>.</del>	Total. Add lines 11a-11d  Total revenue. See instructions	•	451,967.	9,722.	0.	0.
	12		1010Had. Coo High dollorid		,	, ,		

### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	146,750.	146,750.		
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 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	58,970.	45,433.	9,025.	4,512
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	4,634.	3,562.	715.	357
11	Payroll taxes  Fees for services (nonemployees):	1,0010	3,302.	7 1 3 1	337
	Management				
b	Legal				
С		9,587.	940.	8,512.	135
d					
е	D ( ' 1( 1 ' ' ' ' O D ' N/ I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	0.07		225	
13	Office expenses	937.		937.	
14	Information technology				
15	Royalties				
16	Occupancy	0.6	0.6		
17	Travel	26.	26.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	1,650.		1,650.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			1,030.	
а	RARE AS ONE RESEARCH SU	74,784.	74,784.		
b	G1D CONFERENCE EXPENSE	20,288.	20,288.		F F32
С	FLIPCAUSE FEES	5,738.	E 202		5,738
d	RESEARCH SUPPORT	5,382.	5,382.	2 071	2 040
е	· — — –	16,950. 345,696.	11,030. 308,195.	2,071. 22,910.	3,849 14,591
25	Total functional expenses. Add lines 1 through 24e	343,090.	300,193.	44,910.	14,391
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (202

### Part X | Balance Sheet

Pa	πλ	Balance Sheet				
		Check if Schedule O contains a response or note to any lin	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		478,103.	1	379,805
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,536.	4	2,702
	5	Loans and other receivables from any current or former off				
		trustee, key employee, creator or founder, substantial cont				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persor	s (as defined			
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		2,500.	8	640
Ä	9	Prepaid expenses and deferred charges		3,675.	9	18,594
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		489,814.	16	401,741
	17	Accounts payable and accrued expenses		4,148.	17	3,826
	18	Grants payable		18		
	19	Deferred revenue		316,698.	19	122,676
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S	chedule D		21	
es	22	Loans and other payables to any current or former officer,	director,			
Ě		trustee, key employee, creator or founder, substantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated third part	es		24	
	25	Other liabilities (including federal income tax, payables to re	elated third			
		parties, and other liabilities not included on lines 17-24). Co	mplete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		320,846.	26	126,502
w		Organizations that follow FASB ASC 958, check here	X			
č		and complete lines 27, 28, 32, and 33.				
ä	27	Net assets without donor restrictions		168,968.	27	275,239
Ä	28	Net assets with donor restrictions	·····		28	
Ĕ		Organizations that do not follow FASB ASC 958, check	here 🕨 📖			
느		and complete lines 29 through 33.				
ts C	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fu	nd		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o			31	
Š	32	Total net assets or fund balances		168,968.	32	275,239
	33	Total liabilities and net assets/fund balances		489,814.	33	401,741

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			4-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	8,9	68.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	27	5,2	39.	
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	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?	_	За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
	<u> </u>		Form	990	(2021)	

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GLUT1 DEFICIENCY FOUNDATION, INC. 45-2190535 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

### 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.)

Sec	Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(2) 2011	(~, =010	(5) 2010	(4, 2020	(5, 202 )	(.,	
	membership fees received. (Do not							
	include any "unusual grants.")	141,440.	187,578.	204,776.	354,607.	442,245.	1330646.	
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	141,440.	187,578.	204,776.	354,607.	442,245.	1330646.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						1330646.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019 204,776.	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	141,440.	187,578.	204,776.	354,607.	442,245.	1330646.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						1330646.	
	<b>Total support.</b> Add lines 7 through 10	-1- /!				40	1330040.	
12	Gross receipts from related activities,	•		for which the second		12		
13	First 5 years. If the Form 990 is for the	· ·	rst, second, tnira,	fourth, or fifth tax	year as a section :	501(0)(3)	▶□	
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				<b>P</b>	
	Public support percentage for 2021 (			column (f))		14	100.00 %	
	Public support percentage from 2020					15	<u> </u>	
	33 1/3% support test - 2021. If the							
	<b>stop here.</b> The organization qualifies							
b	33 1/3% support test - 2020. If the o							
-	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	_						
	meets the facts-and-circumstances to			=		g		
b	10% -facts-and-circumstances tes	-			-			
~	more, and if the organization meets the	_						
	organization meets the facts-and-circ				-		▶□	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

### 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.)

Sec	tion A. Public Support	slow, picase com	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	1 , ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 	faculto au fifth tax		F01/a)/0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	ū			•		ion,
200	check this box and stop heretion C. Computation of Publi		roontago				
	<u> </u>			L (f))		145	
	Public support percentage for 2021 (li						
	Public support percentage from 2020					16	•
	tion D. Computation of Inves		<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2021. If the						1 / is not
	more than 33 1/3%, check this box ar						▶∟
	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly sup	oorted organization	▶∟
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
	Did the averagination musticle to each of its averaged averaginations by the last day of the fifth wealth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

	(					45-2190535	Page
Part V	Type III Non-Function	onally Inte	egrated 509(a)(3)	Supporting Organ	izations		

·	All other Type III non-functionally integrated supporting organizations mus	U	, , ,	r di t Vij. Occ mod dodono.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

Sect	rt V Type III Non-Functionally Integrated 509 ion D - Distributions		(==://///		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Curront rour
2	Amounts paid to perform activity that directly furthers exempt				
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets	oo or oupported organization		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	and detaile in Full VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	-		
	(provide details in Part VI). See instructions.	no organization to responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a amount arriada by into a uniount	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GLUT1 DEFICIENCY FOUNDATION, INC.

**Employer identification number** 45-2190535

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the c	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	rvation easements during the year
-		dition of deletions and on		and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and er	forcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of coation 170/b	\(A\\\P\\\\\)
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organizations	s ili ai iciai statemen	its that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>.</b> .
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			- · · · -
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

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

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Loan or exchange program

Other

(b) Prior year

b

Part IV

collection items (check all that apply):

☐ Preservation for future generations

reported an amount on Form 990, Part X, line 21.

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

e Distributions during the year

(a) Current year

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

Dublic exhibition

**1a** Beginning of year balance

e Other expenditures for facilities

**b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships

and programs f Administrative expenses g End of year balance

a Board designated or quasi-endowment

Scholarly research

<b>b</b> Pe	ermanent endowment %	
<b>c</b> Te	erm endowment 🕨%	
Th	ne percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Ar	re there endowment funds not in the possession of the organization that are held and administered for the organization	
by	y:	
(i)	Unrelated organizations	38
(ii	) Related organizations	За
<b>b</b> If	"Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3
<b>4</b> De	escribe in Part XIII the intended uses of the organization's endowment funds.	

### Part VI | Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1e (Column (d) must equ		mn (R) line 10c )		0.

Schedule D (Form 990) 2021

No

Schedule D (Form 990) 2021 GLUT1 DEFIC	CIENCY FOUNDAT	TION, INC.	45-2190535 Page
Part VII Investments - Other Securities.			-
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Law Farma 000 Dort IV line	11a Caa Farra 000 Bart V I	in a 10
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	-	
	(b) Book value	(c) Method of Valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Port IV line	alld Soc Form 000 Dort V	lino 15
Complete if the organization answered "Yes"	Description	9 110. See Form 990, Part A, 1	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir.	20.15		
Part X Other Liabilities.	ie 15.)		
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Soo Form 000 D	Part V line 25
(-) D	On Form 990, Part IV, line	: TTE OF TH. SEE FOIH 990, P	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(7) (8)

Sche	Schedule D (Form 990) 2021 GLUT1 DEFICIENCY FOUNDATION, INC. 45-2190535 Page 4							
Pai	rt XI Reconciliation of	of Revenue	e per Audited Fin	ancial Statements	With Revenue per R	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
Total revenue, gains, and other support per audited financial statements				1	451	,967		
2	Amounts included on line 1	but not on Ea	rm 000 Port VIII line	10.				

1	Total revenue, gains, and other support per audited financial statements		 1	451,96/.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		 2e	0.
3	Subtract line 2e from line 1		 3	451,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		 4c	0.
_	Total revenue Add lines 2 and 40 (This must equal Form 900 Part I line 12)		-	451 967.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	345,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	345,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	345,696.
D-	w VIII Complemental Information			

### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10-50, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, REQUIRES ENTITIES TO DISCLOSE KNOWN OR ANTICIPATED POSITIONS OF INCOME TAX UNCERTAINTY. THE FOUNDATION IS NOT AWARE OF ANY UNCERTAIN INCOME TAX POSITIONS AS OF JANUARY 24, 2022. THE FOUNDATION HAS NEVER BEEN AUDITED BY THE INTERNAL REVENUE SERVICE (IRS). HOWEVER, THE TAX YEARS OF 2018 FORWARD COULD BE SUBJECT TO EXAMINATION BY THE IRS OR OTHER APPLICABLE TAX JURISDICTIONS.

Schedule D (Form 990) 2021

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

nternal Revenue Service		Go to www.ir:	Go to www.irs.gov/Form990 for the latest information.	r the latest inform	ation.			Inspection
Name of the organization GLUT1 DEF	ICIENCY F	GLUT1 DEFICIENCY FOUNDATION,	INC.				Employer ic	Employer identification number $45-2190535$
Part I General Information on Grants and Assistance	ınd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, and the selection	tion	,
criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures.	stance?	oring the like of grant	funds in the I Inites	1 Otatoo				Yes X No
art =	Domestic Organia	zations and Domestic	Governments. C	omplete if the orga	ınization answered "Y	tion answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, f	or any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addit	onal space is need	(a) Amount of	(f) Method of	(a) Dooring ion of		5000
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Pı oı	(h) Purpose of grant or assistance
JNIVERSITY OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD								
DALLAS, TX 75390	75-6002868		90,000.	0.			RESEARCH GRANT	GRANT
UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET SUITE 300								
PHILADELPHIA, PA 19104	23-1352685		30,000.	0.			RESEARCH GRANT	GRANT
RADBOUND UNIVERSITY STICHTING KINDERGENEESKUNDE								
DOMINICANESSENSTRAAT 46 -								
MOLENHOEK, NETHERLANDS			26,750.	o.			RESEARCH GRANT	GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ınd government org	yanizations listed in th	e line 1 table				•	
I	s listed in the line	table					▼	000000000000000000000000000000000000000
_HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedu	Schedule I (Form 990) 2021

45-2190535

Page 2

Schedule I (Form 990) 2021 GLUT1 DEFICIENCY FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) 2021			30		132102 10-26-21
	PORT IS	A FINAL RE	AND	≀E DISTRIBUTED	MIDPOINT BEFORE REMAINING FUNDS ARE
	E AT THE	ARE DU	INTERIM REPORTS		OTHER HALF DELIVERED AT THE MID-POINT.
	THE	GRANT, AND	OF THE	AT THE START	YEAR GRANT AWARDS ARE DELIVERED AT
	THE ONE	HALF OF	G PROCESS.	ID SCORING	ADVISORY BOARD THROUGH A REVIEW AND
	IC	SCIENTIF	UT FROM OUR	WITH INPUT	AWARDED BY THE BOARD OF DIRECTORS
	TS ARE	NCY. GRANTS	T1 DEFICIENCY.	S OF GLUT1	UNDERSTANDING AND BETTER TREATMENTS
		FOR BETTER	RESEARCH F	SCIENTIFIC	RESEARCHERS WHO ARE CONDUCTING SCI
	AL	INSTITUTIONAL	GRANTS TO I		THE GLUT1 DEFICIENCY FOUNDATION PROVIDES
					PART II
	dditional information.	(b); and any other a	e 2; Part III, column	luired in Part I, lin	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	<b>(b)</b> Number of recipients	(a) Type of grant or assistance

Schedule I (Form 990)

07430210 759331 39840

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

GLUT1 DEFICIENCY FOUNDATION, INC.

Employer identification number 45-2190535

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

LIVES IN THE GLUT1 DEFICIENCY COMMUNITY THROUGH ITS MISSION OF

INCREASED AWARENESS, IMPROVED EDUCATION, ADVOCACY FOR PATIENTS AND

FAMILIES, AND SUPPORT AND FUNDING FOR RESEARCH.

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

FOR RESEARCH.

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

ALL BOARD MEMBERS ARE EMAILED A COPY OF THE COMPLETED 990 AND GIVEN THE OPPORTUNITY TO REVIEW AND ASK QUESTIONS BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY, DISCUSSED AT ANNUAL BOARD MEETINGS, AND BOARD MEMBERS SIGN A DISCLOSURE STATEMENT EACH YEAR.

THERE ARE ONGOING DISCUSSIONS ABOUT POTENTIAL CONFLICTS, AND BOARD MEMBERS HAVE THE OPPORTUNITY TO RECUSE THEMSELVES FROM ANY ISSUES WHERE A CONFLICT MAY EXIST. OTHER BOARD MEMBERS MAY RAISE CONFLICT CONCERNS AND OUTCOMES ARE DECIDED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR EXECUTIVE DIRECTOR WAS FIRST DETERMINED BY A COMMITTEE WHO RESEARCHED COMPARABILITY DATA, CREATED A JOB DESCRIPTION, AND INSTITUTED AN ANNUAL REVIEW PROCESS, THEN THE BOARD VOTED AND APPROVED. ANNUAL REVIEWS

TAKE PLACE NOW FOR THE EXECUTIVE DIRECTOR AND FEEDBACK IS SHARED ON

PERFORMANCE, AND COMPENSATION IS REVIEWED AND DISCUSSED BY THE BOARD.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization GLUT1 DEFICIENCY FOUNDATION, INC.	Employer identification number 45-2190535
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RET	TURNS, AND
FINANCIAL INFORMATION ARE AVAILABLE TO THE PUBLIC ON OUR	WEBSITE AND UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	