

Marked 2/5/14

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2013**

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

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** JANUARY 1, 2013, and ending DECEMBER 31, 2013

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
**GLUT1 DEFICIENCY FOUNDATION INC**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 943 or 17520 Dartown Road #943**

City or town, state or province, country, and ZIP or foreign postal code  
**WESTFIELD, IN 46074-0943**

**D** Employer identification number  
**45-2190535**

**E** Telephone number  
**859-585-2538**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.G1DFoundation.org](http://www.G1DFoundation.org)

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

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .		139,291																																	
	<b>2</b> Program service revenue including government fees and contracts . . . . .		10,750																																	
	<b>3</b> Membership dues and assessments . . . . .																																			
	<b>4</b> Investment income . . . . .																																			
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>		-0-																																
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>		-0-																																
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>							-0-																											
	<b>6</b> Gaming and fundraising events																																			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>																																		
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>																																		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>																																			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>																																			
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>																																			
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>																																			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>																																			
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>																																			
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>																																			
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>																																		
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>																																		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>																																		
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>																																		
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>																																		
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>																																		
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>																																		
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>																																			
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>																																		
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>																																		
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>																																		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>																																		



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
35b	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
37b	b Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
41	List the states with which a copy of this return is filed ▶ <b>Indiana</b>		
42a	The organization's books are in care of ▶ <b>Jennifer Lazar, Treasurer</b> Telephone no. ▶ <b>502-648-5077</b> Located at ▶ <b>11642 Casa Grande Trl, Frisco TX</b> ZIP + 4 ▶ <b>75033-0221</b>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44c	c Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
<b>47</b> 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 . . . . .	<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

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

<b>Sign Here</b>		2-5-14 Date
	Jennifer Lazar, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> GLUT1 DEFICIENCY FOUNDATION INC	<b>Employer identification number</b> 45-2190535
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**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 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				111,681	139,291	250,972
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .				9,576	10,750	20,326
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513				-0-	-0-	-0-
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .				-0-	-0-	-0-
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .				-0-	-0-	-0-
<b>6 Total.</b> Add lines 1 through 5 . . . .				121,257	150,041	271,298
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .				-0-	-0-	-0-
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .				-0-	-0-	-0-
<b>c</b> Add lines 7a and 7b . . . .				-0-	-0-	-0-
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						271,298

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .				121,257	150,041	271,298
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .				-0-	-0-	-0-
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .				-0-	-0-	-0-
<b>c</b> Add lines 10a and 10b . . . .				-0-	-0-	-0-
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .				-0-	-0-	-0-
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .				-0-	-0-	-0-
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .				121,257	150,041	271,298
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	100 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	100 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	<b>18</b>	0 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ▶
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**GLUT1 DEFICIENCY FOUNDATION INC**

Employer identification number

**45-2190535**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> GLUT! DEFICIENCY FOUNDATION INC	<b>Employer identification number</b> 45-2190535
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	<u>Gary &amp; April Breen</u> ----- <u>4783 Green Road</u> ----- <u>Lockport, NY 14094-9753</u> -----	\$ ----- 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	<u>Jason &amp; Janet Parkhurst</u> ----- <u>31 Oak Hill Road</u> ----- <u>Midland Park, NJ 07432-1221</u> -----	\$ ----- 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	<u>Illinois Tool Works Foundation</u> ----- <u>3600 W Lake Ave</u> ----- <u>Glenview, IL 60026-1215</u> -----	\$ ----- 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	<u>NYSE Euronext Foundation Inc</u> ----- <u>PO Box 3418</u> ----- <u>Princeton, NJ 08573-3418</u> -----	\$ ----- 6,650	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**GLUT1 DEFICIENCY FOUNDATION INC**

Employer identification number

**45-2190535**

**Other Expenses:**

**\$2,022 Administrative expenses: Liability Insurance (\$1,461), Office supplies**

**\$5,473 Fundraising expenses: Credit card transaction expenses and contract fees and other fundraising expenses**

**\$17,327 Advocacy and Awareness expenses: Exhibit materials, outside exhibit fees & travel, website maintenance**

**\$32,979 G1D Conference Houston: hotel, catering, audio-visual services, speaker travel, materials, kids care**

**\$1,000 Charitable Giving**

**\$75,000 Grants/Research Awards: UTSW (\$45K), Univ of South Florida (\$10K), Registry (\$5K), Glut1 Studies NY (\$15K)**

**\$133,801 Total Other Expenses agrees to line 16**

**Other Assets:**

**\$10,607 Donations receivable (posted to Greater-Giving but not transferred to G1D Foundation by year end)**

**\$16,460 Prepaid asset - deposit for 2015 G1D Conference in Orlando**

**\$27,067 Total Other Assets**

**Other Liabilities:**

**\$6,485 Accounts payable and credit card payable**

02/04/14

Glut1 Deficiency Foundation Inc  
Balance Sheet Prev Year Comparison  
As of December 31, 2013

	Dec 31, '13	Dec 31, '12
<b>ASSETS</b>		
Current Assets		
Checking/Savings		
Cash/Checking	22,991.39	47,288.88
Total Checking/Savings	22,991.39	47,288.88
Accounts Receivable		
Contributions Receivable	10,607.00	2,653.50
Total Accounts Receivable	10,607.00	2,653.50
Other Current Assets		
Prepaid Expenses		
Prepaid Expense – Ot...	16,460.00	0.00
Prepaid Expense – Tr...	0.00	903.40
Total Prepaid Expenses	16,460.00	903.40
Total Other Current Ass...	16,460.00	903.40
Total Current Assets	50,058.39	50,845.78
<b>TOTAL ASSETS</b>	<b>50,058.39</b>	<b>50,845.78</b>
<b>LIABILITIES &amp; EQUITY</b>		
Liabilities		
Current Liabilities		
Accounts Payable		
Payables		
Accounts Payable	6,460.00	428.10
Grants Payable	0.00	19,555.15
Total Payables	6,460.00	19,983.25
Total Accounts Payable	6,460.00	19,983.25
Credit Cards		
Credit Card Payable	25.73	977.53
Total Credit Cards	25.73	977.53
Total Current Liabilities	6,485.73	20,960.78
Total Liabilities	6,485.73	20,960.78
Equity		
Retained Earnings	29,885.00	12,252.40
Net Income	13,687.66	17,632.60
Total Equity	43,572.66	29,885.00
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>50,058.39</b>	<b>50,845.78</b>

Glut1 Deficiency Foundation Inc  
 Profit and Loss Prev Year Comparison  
 January through December 2013

02/04/14

	Jan - Dec '13	Tax Reporting 2013	Jan - Dec '12	Tax Reporting 2013
Ordinary Income/Expense				
Income				
Direct Public Support				
Individ, Business Contributions	139,291.26		111,681.09	
Total Direct Public Support	139,291.26		111,681.09	
Conference Income				
Conference Booth Fees	1,000.00		250.00	
Conference Registration Fees				
Conference TShirt	-		1,206.00	
Conference Registration Fees - Other	9,750.00		8,120.00	
Total Conference Registration Fees	9,750.00		9,326.00	
Total Conference Income	10,750.00		9,576.00	
Total Income	150,041.26		121,257.09	
Expense				
Administrative Expenses				
Bank Fees	4.00		12.00	
Insurance Fees	1,461.00		1,388.00	
Legal Fees	-		300.00	
Office Expense	556.90		52.99	
Total Administrative Expenses	2,021.90	2,021.90	1,752.99	1,752.99
Fundraising Expenses				
Greater Giving Contract	795.00		795.00	
Greater Giving Transx Fees	2,790.74		2,154.85	
Other Fundraising Expense	1,821.20		1,298.59	
Paypal Transx Fees	66.35		45.26	
Total Fundraising Expenses	5,473.29	5,473.29	4,293.70	4,293.70
G1D Conference/Education				
Conference Materials Exp	2,640.11		972.95	
Electronic Equipment Charges	8,048.03		-	
Facility/Catering Charges	14,045.08		9,371.37	
Other Conference Expense	-		1,900.59	
Speaker Travel	8,245.55		8,123.09	
Total G1D Conference/Education	32,978.77	32,978.77	20,368.00	20,368.00
				(1,900.59)
				18,467.41
Advocacy/Awareness				
Brochures Printing	1,397.37		3,268.04	
Outside Exhibit Fees	2,176.51		3,947.75	
Exhibit Materials	7,150.28		-	
Outside Exhibit Travel	6,732.06		5,067.07	
Postage & Shipping	1,154.80		854.03	
Web Maintenance	1,268.62		2,182.91	
Total Advocacy/Awareness	19,879.64	19,879.64	15,319.80	15,319.80
		(1,397.37)		(3,268.04)
		(1,154.80)		(854.03)
		17,327.47		11,197.73
Total Expense	60,353.60		41,734.49	
Net Ordinary Income	89,687.66		79,522.60	
Other Income/Expense				
Other Expense				
Charitable Giving	1,000.00	1,000.00	1,890.00	1,890.00
Grants & Research Funds Given				
Glut1 Studies Columbia Grants	15,000.00		15,000.00	
Univ of S. Florida Grants	10,000.00		-	
UTSW Registry Grants	5,000.00		15,000.00	
UTSW Research Grants	45,000.00		30,000.00	
Total Grants & Research Funds Given	75,000.00	75,000.00	60,000.00	60,000.00
Total Other Expense	76,000.00		61,890.00	
Net Other Income	(76,000.00)		(61,890.00)	
Net Income	13,687.66		17,632.60	
		133,801.43		97,601.83
		2,552.17		4,122.07
		136,353.60		101,723.90