## Form 990-PF

## Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

Opera to Public Inspection

Name of foundation    A Employer identification numb   Section 4947(a)(1) nonexempt charitable trust   Fair market value of all assets and office from the foundation amounts in columns (b), (c), and (d) may not necessarily equal the mounts in columns (b), (c), and (d) may not necessarily equal the mounts in columns (b), (c), and (d) may not necessarily equal the mounts in columns (b), (c), and (d) may not necessarily equal the first on saving and all assets on the Net rental income or (loss) from sale of assets not on line 10   Gross profitor (loss) from sale of assets not on line 10   Gross profitor (loss) (statch schedule)   Total, Add lines i through 11   Genome of the complete of the control of	, 20
Number and street (or P.O. box number if mail is not delivered to street address)  P.O. BOX 4  P.O. BOX 4  READING. PA 19507  G. Check all that apply:   Initial return   Andrease change   Name change   Initial return   Andrease change   Initial return	er
P O BOX 4 City or town, state or province, country, and ZiP or foreign postal code City or town, state or province, country, and ZiP or foreign postal code City or town, state or province, country, and ZiP or foreign postal code City or town, state or province, country, and ZiP or foreign postal code City or town, state or province, country, and ZiP or foreign postal code City or Check all that apply:    Initial return	
C If exemption application is pend  READING, PA 19607  G Check all that apply:	ons)
C If examption application is pend  READING. PA 19607  G Check all that apply:	
READING. PA 19607  G Check all that apply:	ng chock boro
Final return	ig, crieck fiele
Final return	here · · . ▶ 「
Check type of organization:    Section 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   If pair market value of all assets at end of year (from Part II, col. (c), line 16)   \$ 216,745     Part I   Analysis of Revenue and Expenses (The total of the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (c), (c), and (a) may not necessarily equal the amounts in columns (c), (c), and (a) may not necessarily equal the amounts in columns (c), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (b), (c), and (a) may not necessarily equal the amounts in columns (c), (c), and (a) five necessarily equal the amounts in columns (c), (c), and (a) five necessarily equal the amounts in columns (c), (c), and (a) five necessarily equal the amounts in columns (c), (c), and (a) five necessarily equal the amounts in columns (c), (c), and (a) five necessarily equal the amounts in columns (c), (c), (d), (d), check there is the five necessarily equal the amounts in columns (c), (d), (d), check there is the five necessarily equal the amounts in columns (c), (d), (d), (d), check there is the five necessarily equal the amounts in columns (c), (d), (d), (d), (d), (d), (d), (d), (d	
H. Check type of organization: Section 507(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charitable trust	tation
Section 494/(a)(1) nonexempt charitable trust   Other taxable private foundation   Section 507(b)(1)(A), check here   Individual content   First market value of all assets at   Jacobint   Other (specify)   Individual content   Individual	
end of year (from Part II, col. (c), [Part I, column (d), must be on cash basis.)  Part I  Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)  1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check   if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments . 4 Dividends and interest from securities 5a Gross rents . 5 Wet quain or (loss) from sale of assets not on line 10 5 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 10a Gross sales less returns and allowances b Less: Cost of goods sold . 5 Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 75, 615 14 Other employee salaries and wages 5 Dession plans, employee benefits 22, 361 15 Pension plans, employee benefits 22, 361 16 Legal fees (attach schedule) . STM108 17 Interest 18 Taxes (attach schedule) (see instructions) STM110 19 Depreciation (attach schedule) and depletion . 5 Pinting and publications . 5 Pinting	erminated under
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Part I   Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)    1   Contributions, gifts, grants, etc., received (attach schedule)   361,122     2   Check     if the foundation is not required to attach Sch. B   Interest on savings and temporary cash investments   Dividends and interest from securities   Net rental income or (loss)   6a   Net gain or (loss) from sale of assets not on line 10   Capital gain net income (from Part IV, line 2)   8   Net short-term capital gain   10a   Gross sales sers returns and allowances   Less: Cost of goods sold   Caross profit or (loss) (datach schedule)   11   Other income (attach schedule)   12   Total. Add lines 1 through 11   361,122   0   13   Compensation of officers, directors, trustees, etc   75, 615   15   Pension plans, employee benefits   22, 361   15   Raves (attach schedule)   STM109   75, 660   Interest   17   Taxes (attach schedule)   STM109   75, 660   Interest   17   Taxes, captach	
amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).  1 Contributions, gifts, grants, etc., received (attach schedule)  2 Check ▶ if the foundation is not required to attach Sch. B  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5a Gross rents  b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10  b Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances  b Less: Cost of goods sold  c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  361, 122  0  13 Compensation of officers, directors, trustees, etc  75, 615  16 Legal fees (attach schedule)  b Accounting fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see instructions) S™10 9, 821  19 Depreciation (attach schedule) and depletion  10 Total, conferences, and meetings  10 Travel, conferences, and meetings	<b>I</b>
amounts in columns (b), (c), and (a) may not necessarily equal the amounts in column (a) (see instructions.).  1	(d) Disbursements
1 Contributions, gifts, grants, etc., received (attach schedule)	for charitable
2 Check	purposes (cash basis only)
2 Check	
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 22, 361 16a Legal fees (attach schedule) b Accounting fees (attach schedule) 17 Interest 18 Taxes (attach schedule) STM108 19 Depreciation (attach schedule) see instructions) STM10 19 Depreciation (attach schedule) and depletion 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	
A Dividends and interest from securities  Gross rents b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10 capital gain or (loss) from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 361, 122 0 13 Compensation of officers, directors, trustees, etc 75, 615 14 Other employee salaries and wages 50, 851 15 Pension plans, employee benefits 22, 361 16 Legal fees (attach schedule)  b Accounting fees (attach schedule) \$\frac{\text{TMT 08}}{\text{108}}\$ to the professional fees (attach schedule) \$\frac{\text{TMT 08}}{\text{108}}\$ to the professional fees (attach schedule) \$\frac{\text{TMT 08}}{\text{108}}\$ to the professional fees (attach schedule) \$\frac{\text{TMT 08}}{\text{108}}\$ to Coupancy 17 Interest 18 Taxes (attach schedule) (see instructions) \$\frac{\text{TMT 108}}{\text{108}}\$ to Coupancy 17 Iravel, conferences, and meetings 15, 466	
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b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 361, 122 0 13 Compensation of officers, directors, trustees, etc 75, 615 14 Other employee salaries and wages 50, 851 15 Pension plans, employee benefits 22, 361 16a Legal fees (attach schedule) b Accounting fees (attach schedule) \$\frac{TM108}{2}\$ to Other professional fees (attach schedule) \$\frac{TM108}{2}\$ to Other professional fees (attach schedule) \$\frac{TM108}{2}\$ to Other professional fees (attach schedule) \$\frac{TM108}{2}\$ to Occupancy 17 Travel, conferences, and meetings 15, 466 18 Printing and publications 635	
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9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold	
9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold	1.00
10a Gross sales less returns and allowances b Less: Cost of goods sold	
b Less: Cost of goods sold	
c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11	
11 Other income (attach schedule) 12 Total. Add lines 1 through 11	
12 Total. Add lines 1 through 11	
13 Compensation of officers, directors, trustees, etc	
13 Compensation of officers, directors, trustees, etc	
14 Other employee salaries and wages 50,851 15 Pension plans, employee benefits 22,361 16a Legal fees (attach schedule) 12,325 25 C Other professional fees (attach schedule) 5TM:108 75,660 17 Interest 75,660 18 Taxes (attach schedule) (see instructions) 5TM:10 9,821 19 Depreciation (attach schedule) and depletion 9,821 10 Occupancy 15,466 11 Travel, conferences, and meetings 15,466 12 Printing and publications 635	75,615
b Accounting fees (attach schedule) . STM108	50,851
b Accounting fees (attach schedule) . STM108	22,775
21 Travel, conferences, and meetings	
21 Travel, conferences, and meetings	12,825
21 Travel, conferences, and meetings	75,660
21 Travel, conferences, and meetings	
21 Travel, conferences, and meetings	9,821
21 Travel, conferences, and meetings	
21 Travel, conferences, and meetings	
22 Printing and publications	13,670
23 Other expenses (attach schedule) STM103 100,800	1,565
7 24 Total operating and administrative expenses	83,302
a m	
Add lines 13 through 23	346,084
O 25 Contributions, gifts, grants paid 0	0
26 Total expenses and disbursements. Add lines 24 and 25 363, 534 0	346,084
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements (2, 412)	
b Net investment income (if negative, enter -0-)	199
c Adjusted net income (if negative, enter -0-)	

Beginning of year	For	m 990	O-PF (2021) GORLIN SYNDROME ALLIANCE		34-19	15691 Page 2	
1   Cash - non-interest-bearing   (a) Bock Value   (b) Bock Value   (c) Fact Market Value   (c) Fact	P	Part II Balance Sheets Attached schedules and amounts in the description column Beginning			***************************************		
2 Savings and temporary cash investments  3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ 15,000  5 Grants receivable ▶ Less: allowance for doubtful accounts ▶ 15,000  6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶ 8 Inventions for sale or use 9 Prepaid expenses and deferred charges 10 Investments - corporate stock (attach schedule) 10 Investments - corporate stock (attach schedule) 11 Investments - corporate stock (attach schedule) 12 Investments - corporate stock (attach schedule) 13 Investments - corporate stock (attach schedule) 14 Investments - corporate stock (attach schedule) 15 Investments - corporate stock (attach schedule) 16 Investments - corporate stock (attach schedule) 17 Investments - mortgage loans 18 Investments - corporate stock (attach schedule) 18 Investments - corporate stock (attach schedule) 19 Investments - mortgage loans 19 Investments - corporate stock (attach schedule) 19 Less: accommissed depreciation (attach schedule) 10 Less: accommissed depreciation (attach schedule) 10 Cher accesser (describe ▶ 11 Cottal assests (describe ▶ 12 Cottal accesser (describe > 11 Total assests (describe > 12 Investments - other discorporate of the deputable process of the deputable and accrued expenses 12,723 30,225 19 Grants payable and accrued expenses 12,723 30,225 19 Cottal accesser (describe > 10 Deferred revenue 10 Deferred revenue 11 Cottal accesser (describe > 12 Investments - deputable (attach schedule) 11 Cottal accesser (describe > 12 Investments - deputable (attach schedule) 12 Cottal accesser (describe > 13 Total accesser (describe > 13 Total accesser (describe > 13 Total accesser (describe > 14 Total accesser (describe > 15 T				(a) Book Value		1	
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ Less: allowance for doubtful accounts ▶ 15,000 5 Grants receivable № Less: allowance for doubtful accounts ▶ 15,000 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and cans receivable (attach schedule) № Less: altowance for doubtful accounts ▶ 8 Inventionis for sale or use 9 Prepaid expenses and deferred charges 1,623 2,036 2,036 2,036 10 Investments - corporate stock (attach schedule) 10 Investments - corporate bonds (attach schedule) 11 Investments - corporate bonds (attach schedule) 12 Investments - individual, and equipment basis ▶ Less: accumulated depreciation (attach schedule) 13 Investments - order (attach schedule) 14 Land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) 15 Cither assect (describe ▶ 16 Total assects (describe ▶ 16 Cither assect (describe ▶ 17 Accounts poyable and accrued expenses 18 Circles payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 10 Complete assect (describe ▶ 10 Cither assect (describe ▶ 11 Accounts poyable and accrued expenses 11 Mortagues and other notes payable (attach schedule) 12 Complete assect (describe ▶ 13 Total allowance of the first payable (attach schedule) 15 Complete assect (describe ▶ 16 Cither assect (describe ▶ 17 Accounts poyable and accrued expenses 18 Circles payable 19 Deferred revenue 19 Deferred revenue 19 Complete Intex 92 A, 20, 9, and 30 10 Total labilities (describe ▶ 10 Cither assect (describe ▶ 10 Cither assect (describe ▶ 11 Accounts poyable and accrued expenses 11 Mortagues and other notes, directors, frustees, and other disqualified parsons 12 Mortagues and other notes payable (attach schedule) 13 Cither instituted and the accrued expenses 14 Mortagues and other notes payable (attach schedule) 15 Cither assects with donor restrictions 16 Sea Accounts poyable and accrued expenses 17 Total and assets wit		1	Cash - non-interest-bearing	182,401	212,670	1	
Less: allowance for doubtful accounts		2	Savings and temporary cash investments				
Pledges receivable		3	Accounts receivable	11			
Less: allowance for doubtful accounts			Less: allowance for doubtful accounts		A STATE OF THE PROPERTY OF THE		
5   Grants receivable   6   Receivables due from criticers, directors, trustees, and other disqualified persons (latach schedule)   >		4	Pledges receivable ▶				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)  7 Other notes and loans receivable (attach schedule) ▶  8 Inventiones and consisted or deubtful accounts ▶  8 Inventiones for raise or use			Less: allowance for doubtful accounts	15,000			
Comparison (attach schedule)   See instructions		5	Grants receivable				
Comparison of the content of the c		6	Receivables due from officers, directors, trustees, and other				
Less: allowance for adoubtful accounts		-	, , , , , , , , , , , , , , , , , , , ,				
Prepaid expenses and deferred charges		7			Problem Committee		
Total assets (completed by all files - see the instructions. Also, see page 1, item l)			Less: allowance for doubtful accounts				
Total assets (completed by all files - see the instructions. Also, see page 1, item l)	ets	8	Inventories for sale or use				
Total assets (completed by all files - see the instructions. Also, see page 1, item l)	S	9	Prepaid expenses and deferred charges	1,623	2,036	2,036	
c   Investments - corporate bonds (attach schedule)	⋖	10a	Investments - U.S. and state government obligations (attach schedule)				
Investments - land, buildings, and equipment: basis   Less: accumulated depreciation (attach schedule)   Investments - ording gale loans		b					
Less: accumulated depreciation (attach schedule) ▶    12   Investments - mortgage leans		С	Investments - corporate bonds (attach schedule)				
12   Investments - mortgage loans   13   Investments - other (attach schedule)   14   Land, buildings, and equipment basis   14, 613   STM119		11	Investments - land, buildings, and equipment: basis ▶				
13   Investments - other (attach schedule)   14   Land, buildings, and equipment: basis   14, 613   STM119   Lass: accumulated depreciation (attach schedule)   12,574   2,631   2,039   2,039   15   Other assets (describe   )			Less: accumulated depreciation (attach schedule)				
Land, buildings, and equipment: basis		12	• •				
Less: accumulated depreciation (attach schedule) ▶ 12,574		13	Investments - other (attach schedule)				
15 Other assets (describe		14		STM119			
16   Total assets (to be completed by all filers - see the instructions. Also, see page 1, item)			Less: accumulated depreciation (attach schedule) 12,574	2,631	2,039	2,039	
Instructions. Also, see page 1, liem 1)		15					
17		16					
18 Grants payable	_			201,655	216,745	216,745	
19   Deferred revenue			· · ·	12,723	30,225		
23   Total liabilities (add lines 17 through 22)   12,723   30,225	Ø	1	• •				
23   Total liabilities (add lines 17 through 22)   12,723   30,225	iie						
23   Total liabilities (add lines 17 through 22)   12,723   30,225	ΞQ		·				
23   Total liabilities (add lines 17 through 22)   12,723   30,225	<u></u>	I	· · · · · · · · · · · · · · · · · · ·				
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.  175, 404  160, 144  160, 144  175, 404  160, 144  175, 404  160, 144  175, 40			*			300	
and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions		-		12,723	30,225	32 15 20	
Foundations that do not follow FASB ASC 958, check here	es						
Foundations that do not follow FASB ASC 958, check here	2		•			a. 1655 10000	
Foundations that do not follow FASB ASC 958, check here	<u>a</u>	24					
Total liabilities and net assets/fund balances (see instructions)	Ω	25		13,528	26,376		
Total liabilities and net assets/fund balances (see instructions)	Ĕ		To the state of th				
Total liabilities and net assets/fund balances (see instructions)	Ī	0.0	· -				
Total liabilities and net assets/fund balances (see instructions)	ō	l					
Total liabilities and net assets/fund balances (see instructions)	ets	1					
Total liabilities and net assets/fund balances (see instructions)	SS	1	- · · · · · · · · · · · · · · · · · · ·	100 000	100 -00		
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a	پ	1		188,932	186,520		
Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a	$\frac{8}{2}$	30	· ·	001 655	010		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a		rt II			216,745		
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a		- 34040-4000-0					
2 Enter amount from Part I, line 27a	. 1		· · · · · · · · · · · · · · · ·	•		***	
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3	•						
4 Add lines 1, 2, and 3						(2,412)	
5 Decreases not included in line 2 (itemize) 5  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 186,520						100 500	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 186, 520						186,520	
				nn (b), line 29		106 500	
			The state of the s	(~/,			

Form 9		n SYNDROME ALLIANCE d Losses for Tax on Inves	imami luaama		34-1915	<b>691</b> Page:
rait	(a) List and describe the	e kind(s) of property sold (for example, real shouse; or common stock, 200 shs. MLC	estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				D-Donation	(**************************************	(mo., day, yr.)
b						
С	TO THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRES					
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus expe	other basis ense of sale		ain or (loss) s (f) minus (g))
a						
<u>b</u>						
d						
<u>e</u>	0			- 10 A 10 A		
	Complete only for assets snow	ving gain in column (h) and owned by	y the foundation on 1	2/31/69.	(I) Gains (C	ol. (h) gain minus
	(i) Adjusted basis (k) Excess of col. (i) col. (k), b			col. (k), but no	ot less than -0-) or from col. (h))	
a						
b						
<u>c</u>						
d	was kanawan ang wang wang wang sa					
2 3		(Cadital (OSS)	` '	7	2	
					3	
Part	V Excise Tax Based	on Investment Income (Section	on 4940(a), 4940	(b), or 4948 - s	ee instructions)	
1a	Exempt operating foundations	described in section 4940(d)(2), che	eck here 🕨 🗌 and	l enter "N/A" on line	e 1.	
	Date of ruling or determination	letter: (attach c	opy of letter if necess	sary-see instruction	is)	0
b	All other domestic foundations	enter 1.39% (0.0139) of line 27b. Ex	xempt foreign organi:	zations,		
	enter 4% (0.04) of Part I, line	• • •				
2	Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxa	able foundations only	; others, enter -0-)		2 0
3			• • • • • • • • •		Internal	3
4		stic section 4947(a)(1) trusts and tax				0
5		come. Subtract line 4 from line 3. If ze	ero or less, enter -0-			5 0
6	Credits/Payments:			1 1		
a		and 2020 overpayment credited to 20				
b	Exempt foreign organizations					
C	• • • • • • • • • • • • • • • • • • • •	tension of time to file (Form 8868)				
d 7	Backup withholding erroneous	*		<u> </u>		
7		dd lines 6a through 6d yment of estimated tax. Check here		is attached	Laurence Communication of the	
8 9		yment of estimated tax. Check here and 8 is more than line 7, enter <b>amou</b> l		is attached		3
10		e than the total of lines 5 and 8, enter t			<del></del>	)
11		pe: Credited to 2022 estimated tax	•	u		0
FFA	Little and amount of the 70 to 1	T. Dance to Lotz Commuted tax	-		neiuliueu F	Form 990-PE (2021)

		1915691		F	age 4
Part	VI-A Statements Regarding Activities		I POSTATS SERVICES	·	,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c	St. Organization design	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation.  \$ (2) On foundation managers.  \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers.   \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	H-Standardes	X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	rt XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
b	PA  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
IJ	(or designate) of each state as required by General Instruction G? If "No," attach explanation		OL		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		8b	Х	
J	4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes,"				
	complete Part XIII		9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	* * * *	9	х	
10	names and addresses		10		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		10	Х	
•••	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		11		v
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	• • • •	- ' '		х
•	person had advisory privileges? If "Yes," attach statement. See instructions		12		v
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	х	Х
	Website address ► www.GORLINSYNDROME.ORG	[	10	^	
14	The books are in care of DULIE BRENEISER Telephone no.	267_600_	6112		
	Located at Pp O BOX 4, READING, PA ZIP+4 > 1		0443		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the year	15		• • •	- L
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?	1	16		X
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes." enter the name of				_^_
	the foreign country				

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  1a During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  bif any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  1b X  Organizations relying on a current notice regarding disaster assistance? See instructions  1b X  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(3) or 4942(3) o		990-PF (2021) GORLIN SYNDROME ALLIANCE 34-19156 IVI-B Statements Regarding Activities for Which Form 4720 May Be Required	91		Page
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(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(0)-3 or in a current notice regarding disaster assistance, chesk here  Organizations relying on a current notice regarding disaster assistance, chesk here  Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?  Taxes on failure to distribute income (section 4942()(des) not apply for years the foundation was a private operating foundation defined in section 4942()(6) or 4942()(6);  a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?  If "Yes," list the years \time 20     20   20   20  Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to all years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to all years listed in 2a, its the years is lated more "No" and attach statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.  P 20     20   20   20   20   20   20   20  20  20  2		· · · · · · · · · · · · · · · · · · ·	12/11		
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the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.  ▶ 20, 20, 20  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			2b	property of	
Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	\$36X		
during the year?  b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<b>▶</b> 20, 20, 20			
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		during the year?	3a		x
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	b	If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or			
the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
foundation had excess business holdings in 2021.)  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X  b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		foundation had excess business holdings in 2021.)	3b	4, 6, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? 4h	b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
, , , , , , , , , , , , , , , , , , ,	***************************************	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		х

	990-PF (2021) GORLIN SYNDROME ALLIAN VI-B Statements Regarding Activities		nich Form 4	720 M	lay Be Re	quired	34-1915691 (continued)		F	Page 6
5a	During the year, did the foundation pay or incur any amo	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legisl	lation (section 4	1945(e))	?			5a(1)		x
	(2) Influence the outcome of any specific public election	n (see se	ction 4955); or	to carry	on, directly or	•				
	indirectly, any voter registration drive?							5a(2)		х
	(3) Provide a grant to an individual for travel, study, or of	ther simil	lar purposes?					5a(3)		х
	(4) Provide a grant to an organization other than a char	itable, etc	., organization	describe	ed in section 4	1945(d)				
	(4)(A)? See instructions						* * * * * * * * *	5a(4)		х
	(5) Provide for any purpose other than religious, charita	ble, scier	ntific, literary, or	educati	onal purpose	s, or for				
	the prevention of cruelty to children or animals?							5a(5)	Ĺ	X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transaction				•					
	in Regulations section 53.4945 or in a current notice reg	_						5b		
С	Organizations relying on a current notice regarding disa		•				• • • • □			
d	If the answer is "Yes" to question 5a(4), does the foundarmaintained expenditure responsibility for the grant?		n exemption fro					5d		
	If "Yes," attach the statement required by Regulations se	ection 53.	.4945-5(d).							
6a	Did the foundation, during the year, receive any funds, d	irectly or	indirectly, to pa	y premit	ıms on a pers	onal				
	benefit contract?							6a	.000.000.000	х
b	Did the foundation, during the year, pay premiums, direct	tly or indi	rectly, on a pers	sonal be	nefit contract	? .		6b		x
	If "Yes" to 6b, file Form 8870.	-	•							
7a	At any time during the tax year, was the foundation a par	ty to a pr	ohibited tax she	elter tran	saction? .			7a	58255 (1653)	x
b	If "Yes," did the foundation receive any proceeds or have	any net	income attributa	able to th	ne transaction	1? .		7b		<u> </u>
8	Is the foundation subject to the section 4960 tax on payr	nent(s) o	f more than \$1,	000,000	in remunera	ion or				
								8		x
Part	VII Information About Officers, Direct and Contractors	ors, Tr	ustees, Fo	undat	ion Mana	gers, l	lighly Paid Em	ploye	es,	
1	List all officers, directors, trustees, and foundation	manage	rs and their co	mpens	ation. See ir	structio	ons.			
See	(a) Name and address	hou	e, and average irs per week ed to position	(lf r	ompensation not paid, nter -0-)	empl	Contributions to oyee benefit plans ferred compensation	(e) Exper	nse acc allowan	
	Y BISSELL	TRUST	EE							
POI	BOX 4 READING PA 19607		0.00		0		0			0
SAM I	BRENEISER	TREAS	URER						***************************************	
POI	BOX 4 READING PA 19607		0.50		0		0			0
KEVI	N GULLATT	TRUST	EE					***************************************		
POI	BOX 4 READING PA 19607	•	0.00	ĺ	0		o			0
MICH	AEL RAINEN	TRUST	EE							~~~
POI	BOX 4 READING PA 19607		0.50		0		0			0
2	Compensation of five highest-paid employees (other "NONE."	er than ti	hose included	on line	1 - see instr	uctions	). If none, enter			
(1	a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek *	(c) Compen	sation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper	nse acc allowan	
NONE										
***************************************		·····				<del></del>			-	
						***************************************				
						***************************************				Maria Pra-Wisharian
Total	number of other employees paid over \$50,000									0
EEA							F	orm <b>99</b> 0	)-PF (2	2021)

Form 990-PF (2021) GORLIN SYNDROME ALLIANCE	34-191569	Page 7
Part VII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services. See in	structions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PICKPOINT LLC		STMC01
454 PRINTER WAY LANSDALE PA 19446	CONSULTING	75,660
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s organizations and other beneficiaries served, conferences convened, research papers produced	tatistical information such as the number of , etc.	Expenses
1IN OCT 2021, GSA CONVENED A PATIENT-FOCUSED DRUG DEV MTG TO EDUCATE THE FDA AND OTHERS ON HOW GORLIN SYNDROME IMPACTS THE LIVES OF THOSE IMPACTED BY THE S 2GSA MAINTAINS AND VALIDATES A PATIENT DATABASE BY MAKING INDIVIDUAL CONTACTS WITH THOSE LISTED.	Y	72,399
3		7,152
4		
Part VIII-B Summary of Program-Related Investments (see insti	ructions)	
Describe the two largest program-related investments made by the foundation during the tax yea		Amazunt
1		Amount
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		Form <b>990-PF</b> (2021)
		·

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign found see instructions.)	dations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	184,547
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	184,547
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	184,547
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	2,768
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	181,779
6	Minimum investment return. Enter 5% (0.05) of line 5	6	9,089
Part	X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ons	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	9,089
2a	Tax on investment income for 2021 from Part V, line 5 2a		
b	Income tax for 2021. (This does not include the tax from Part V.) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,089
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,089
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	9,089
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	346,084
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
. а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	346,084
EEA			Form <b>990-PF</b> (2021)

Part XII

Undistributed Income (see instructions)

(a) (b) Years prior to 2020 (c) 2020 (d) 2021 Corpus Distributable amount for 2021 from Part X, line 7 . . 9,089 2 Undistributed income, if any, as of the end of 2021: a Enter amount for 2020 only b Total for prior years: 20 , 20 Excess distributions carryover, if any, to 2021: 3 a From 2016 ..... b From 2017 ..... c From 2018 ..... **d** From 2019 e From 2020 f Total of lines 3a through e . . . . . . . . . . . . . Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 346,084 a Applied to 2020, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2021 distributable amount 9,089 Remaining amount distributed out of corpus 336,995 Excess distributions carryover applied to 2021 5 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 336,995 Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions \*\*\*\*\*\*\*\*\*\* f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 0 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . . Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a 336,995 10 Analysis of line 9: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021 336,995

Part	XIII Private Operating Found	ations (see instru	uctions and Par	rt VI-A, question	9)	
1a	If the foundation has received a ruling or dete	rmination letter that it	is a private operatin	ng		
	foundation, and the ruling is effective for 2021	, enter the date of the	ruling			
b	Check box to indicate whether the foundation	is a private operating	foundation describe	ed in section	K 4942(j)(3) or 2	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum		/b) 0000		(4) 0040	(e) Total
	investment return from Part IX for	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
_	each year listed	0				0
b	85% (0.85) of line 2a					
С	Qualifying distributions from Part XI, line 4, for each year listed	346,084				346,084
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	346,084				346,084
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part IX, line 6, for each year listed	6,059				6,059
С	"Support" alternative test - enter:	0,035				6,033
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	-				
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				the foundation	had \$5,000 or m	iore in assets a
	any time during the year -	see instruction	ıs.)			
1	Information Regarding Foundation Mana	gers:				
а	List any managers of the foundation who have before the close of any tax year (but only if the					
b	List any managers of the foundation who ow ownership of a partnership or other entity) of				portion of the	
2	Information Regarding Contribution, Gra	int, Gift, Loan, Scho	larship, etc., Proq	rams:	***************************************	**************************************
	Check here ▶ ☐ if the foundation only ma unsolicited requests for funds. If the foundat complete items 2a, b, c, and d. See instruction	ion makes gifts, grant				
а	The name, address, and telephone number of	or email address of the	e person to whom a	applications should be	addressed:	
99	OAPP					
b	The form in which applications should be su	bmitted and information	on and materials the	ey should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc factors:	ch as by geographical	areas, charitable fi	elds, kinds of institution	ons, or other	·

3	Grants and Contributions Paid During th	ne Year or Approve	d for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Continuation	Amount
a	Name and address (home or business)  Paid during the year	or substantial contributor	recipient		Allouit
	Total			▶ 3a	
b	Approved for future payment				
	Total				

·		ounts unless otherwise indicated.		usiness income	Excluded by section	(e)	
Pr	ooram	service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
a	_						
b							-
c							
d				***************************************			
e							
f							
g	Fees	and contracts from government agencies					
		hip dues and assessments		*******		***************************************	
		n savings and temporary cash investments					
		s and interest from securities					
		l income or (loss) from real estate:					
		inanced property					
		ebt-financed property					
		I income or (loss) from personal property					
		stment income					
		ss) from sales of assets other than inventory	-				
		e or (loss) from special events it or (loss) from sales of inventory				WITH A PART OF THE	
					-		
ILCI ICACI	C:	ue: a					
***************************************							
	et	dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)  Relationship of Activities to the A				. 13	
-	0.	Explain below how each activity for which income of the foundation's exempt purposes (other than b	is reported in colu	mn (e) of Part XV-A	A contributed impo	ortantly to the acco s.)	mplishment
						***************************************	
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GORLIN SYNDROME ALLIANCE 34-1915691 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described 1 Yes No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) 1a(2) X Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) Х (4) Reimbursement arrangements 1b(4) X (5) Loans or loan quarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) X Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 X If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no. (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return Here with the preparer shown below See instructions. X Yes JULIE BRENEISER EXECUTIVE DIRECTOR Signature of officer or trustee Date Print/Type preparer's name Preparer's signature Date Paid Cataline E. Peterson & Pr

CATHY PETERSEN CPA 11-15-2022 self-employed P00168732 > Firm's name SABLE GROUP LLC Firm's EIN Firm's address 3785 GREEN ROAD Phone no. BEACHWOOD OH 44122 216-292-3550

## Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GORLIN SYNDROME ALLIANCE

34-1915691

Organization type (check one):						
Filers o	f:	Sec	etion:			
Form 99	90 or 990-EZ		501(c)( ) (enter number) organization			
			4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
			527 political organization			
Form 99	10-PF	X	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	d by	the <b>General Rule</b> or a <b>Special Rule</b> .			
<b>Note:</b> O		or (	0) organization can check boxes for both the General Rule and a Special Rule. See			
General	l Rule					
x	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	regulations under sections 16b, and that received from	s 509 m an	in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the P(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or y one contributor, during the year, total contributions of the greater of (1) \$5,000; or m 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).						

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

Name of Organization	Employer identification number
GORLIN SYNDROME ALLIANCE	34-19156 91
Part I Contributors (see instructions) Use duplicate copies of Part Life additional and	so in monday

raiti	Commoutors (see instructions). Ose duplicate copies of	Pari i il additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	BRENEISER, JULIE  782 MOUNT PENN ROAD  READING PA 19607	\$20,000	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	FELDAN THERAPEUTICS  2666 BOUL DE PARC TECHNOLOGIQUE  QUEBEC QUEBEC CA G1P 4S6	\$30,000	Person K Payro II  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GENENTECH  1 DNA WAY  SOUTH SAN FRANCISCO CA 94080	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LEO PHARMA 7 GIRALDA FARMS, 2ND FLOOR MADISON NJ 07940	\$100,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MAYNE PHARMA  3301 BENSON DRIVE, SUITE 401  RALEIGH NC 27609	\$ <u>15,000</u>	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PALVELLA THERAPEUTICS  125 STRAFFORD AVENUE SUITE 360  WAYNE PA 19087	\$50,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

GORLIN SYNDROME ALLIANCE

**Employer identification number** 

- 3	41	91	56	01

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RAINEN, MICHAEL  1901 W 55TH ST	\$20,000	Person
	PRAIRIE VILLAGE KS 66208	20,000	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RUBENSTEIN, AMY  993 FIFTH AVENUE 9TH FLOOR	\$	Person 🛣 Payroll 🗍 Noncash 🗍
	NEW YORK NY 10028		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RUBENSTEIN, RONI AND BARRY BERNSON  885 PARK AVENUE APT 2C  NEW YORK NY 10021	\$10,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SUN PHARMA  2 INDEPENDENCE WAY  PRINCETON NJ 08540	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	TODD, BARBARA 2016 TRUST  2075 PIONEER COURT  SAN MATEO CA 94403	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

# Form 990\_OfOv (2021) GORLIN SYNDROME ALLIANCE 34-193 List of Officers, Directors, Trustees, and Key Employees 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

1 List all officers, directors, trustees, and key employees for t	he year even if they w	ere not compensated	I.	
(a) Name and title  RONI RUBENSTEIN SECRETAR	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
P O BOX 4 READING PA 19607	0.50	0	0	0
BETH SPIEGEL VICE PRE				
P O BOX 4 READING PA 19607	1.00	0	0	0
DR JAMES SWIFT TRUSTEE				
P O BOX 4 READING PA 19607	0.00	0	0	0
MEREDITH WEISS PRESIDEN			·	
P O BOX 4 READING PA 19607	1.00	0	0	0
JENNI WERKMEISTER TRUSTEE				
P O BOX 4 READING PA 19607	0.00	0	0	0
DR ELENA HAWRYLUK TRUSTEE				
P O BOX 4 READING PA 19607	0.00	0	0	0
JULIE BRENEISER EXECUTIV				
P O BOX 4 READING PA 19607	32.00	75,614	21,312	0
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	Federal Supporting Statements	2021 PG01
Name(s) as shown on return		Tax ID Number
GORLIN SYNDROME	ALLIANCE	34-1915691

## FORM 990PF - PART VII - LINE 3 CONTRACTOR COMPENSATION EXPLANATION

STATEMENT #C01

N	Δ	N	1	F
A. W.		4	-	

PICKPOINT LLC

#### EXPLANATION

CONSULTING ON OPERATIONS AND MANAGEMENT, INCLUDING COMMUNITY OUTREACH.

		Federal St	Federal Supporting Statements	ments	2021 PG01
Name(s) as shown on return GORLIN SYNDROME ALLIANCE	-			-	in Se
	FORM 99	FORM 990PF - PART I - LINE 15	15 - SUBSIDIARY SCHEDULE	нерол.е	SUBSIDIARY STATEMENT
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
EMPLOYEE BENEFITS TOTALS	22,361 22,361	0	0	22,775	
	FORM 99	FORM 990DF - PART I - LINE	- LINE 22 - SUBSIDIARY SCHEDULE	HEDULE	PG01 SUBSIDIARY STATEMENT
DESCRIPTION PRINTING AND PUBLICATIONS	REVENUE AND EXPENSES 635	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE 1,565	
TOTALS	635	0	0	1,565	
STM~.LD					

		Federal Supporting Statements	うぎつ ブニラン	ments	2021 PG01
Name(s) as shown on return GORLIN SYNDROME ALLIANCE					) je
					24-1715671
	FORM 990PF	- PART I - LINE 23	- OTHER EXPENSES SCHEDULE	CHEDULE	STATEMENT #103~
	REVENUE	NET	ADJUSTED	CHARITABLE	
DESCRIPTION	AND EXPENSES	INVESTMENT	NET INCOME	PURPOSE	
BANK FEES	151	0	0	106	
CREDIT CARD FEES	295	0	0	687	
SOFTWARE	6,725	0	0	5,821	
WEBSITE HOST & SUPPORT	1,998	0	0	2,139	
DUES AND SUBSCRIPTIONS	664	0	0	664	
INSURANCE	2,662	0	0	2,662	
LICENSES, FEES, PERMITS	196	0	0	396	
OFFICE SUPPLIES	149	0	0	104	
TELEPHONE	1,883	0	0	1,883	
PAYROLL PROCESSING FEES	1,178	0	0	1,178	
EXEC DIR DISCRETIONARY FUND	2,898	0	0	3,274	
POSTAGE	160	0	0	602	
MISCELLAEOUS	1,098	0	0	739	
PATIENT REGISTRY	7,152	0	0	7,152	
PFDD/LISTENING SESSION	72,399	0	0	55,895	
DEPRECIATION	592	0	C	•	
				0	
TOTALS				7	

TE  TEALE  URPOSE  12,825  12,825  34,000  41,660  75,660			Federal St	Federal Supporting Statements	mente	, COC
FORM 990PF - PART I - LINE 16 (B) - ACCOUNTING FEES SCHEDULE   REVENUE	Name(s) as shown on return					Tax ID Number
FORM 990PF - PART I - LINE 16 (B) - ACCOUNTING FEES SCHEDULE  AND EXPENSES INVESTMENT NET INCOME PURE  12.325 0 0 0 1  12.325 0 0 0 1  12.325 0 0 0 0 34  12.525 0 0 0 0 441  12.525 0 0 0 0 441  12.525 0 0 0 0 0 441	GURLIN SINDROME ALLIANCE					34-1915691
REVENUE   NET ADJUSTED CHARI   AND EXPENSES   INVESTMENT   NET INCOME PURE   12.325		FORM 990PF	1		S SCHEDULE	STATEMENT #108~
FORM 990PP - PART I - LINE 16 (C) - OTHER PROPESSIONAL FEES SCHEIN SAUDEN BORD CHARIT AND EXPENSES INVESTMENT NET INCOME PURE 34,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DESCRIPTION	REVENUE AND EXPENSES	NET	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHEIN EXPENUE NET ADJUSTED CHARIT AND EXPENUE NET INCOME PURP 34,000 0 0 34 41,660 0 0 0 0 41.	BOND, SIPPOLA, DEJOY & CO.	12,325	0	0	12,825	
FORM 990PF - PART I - LINE 16 (C) - OTHER PROFESSIONAL FEES SCHE  REVENUE NET ADJUSTED CHARIT  34,000 0 0 34  41,660 0 0 41  75,660 0 0 41	TOTALS	12, 325	0	0	12,825	
FORM 990PF - PART I - LINE 16 (C) - OTHER PROFESSIONAL FEES SCHE  REVENUE NET ADJUSTED CHARIT  AND EXPENSES INVESTMENT NET INCOME PUBL  34,000 0 0 0 41  75,660 0 0 0 41						
FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHE  REVENUE NET ADJUSTED CHARIT  AND EXPENSES INVESTMENT NET INCOME PURE  34,000 0 3						PG01
REVENUE   NET ADJUSTED CHART   AND EXPENSES   INVESTMENT   NET INCOME   PURE     34,000		FORM 990PF - PA	ART I - LINE 16(C) -	OTHER PROFESSIONAL	FEES SCHEDULE	STATEMENT #109~
<u>0</u> <u>0</u> <u>0</u> <u>0</u>	DESCRIPTION PICKPOINT LLC COMM COORD CONSULTANT	REVENUE AND EXPENSES 34,000 41,660	NET INVESTMENT 0	ADJUSTED NET INCOME 0	CHARITABLE PURPOSE 34,000 41,660	
	TOTALS	75, 660	0	0	75, 660	

	Federal Supporting Statements	2021 PG01
Name(s) as shown on return GORLIN SYNDROME ALLIANCE		ig ig
	FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE	STATEMENT #110~
DESCRIPTION	REVENUE NET ADJUSTED CHARITABLE AND EXPENSES INVESTMENT NET INCOME PURPOSE	
PAYROLL TAXES TOTALS	9,821     0     9,821       9,821     0     9,821	
	FORM 990PF - PART II - LINE 14 - LAND ETC. SCHEDULE	PG01 STATEMENT #119~
DESCRIPTION EQUIPMENT	BEGINNING OF COST OR ACCUMULATED END OF YEAR  YEAR BOOK VALUE THAY  2,631 14,613 12,574 2,039 2,039	
тотал	2,631 14,613 12,574 2,039 2,039	

#### **Federal Supporting Statements**

(This page is e-filed with the return. Include it if paper-filing.)

2021 PG01

Name(s) as shown on return

Your Social Security Number

GORLIN SYNDROME ALLIANCE

34-1915691

## FORM 990PF - PART XIV - LINE 2 APPLICATION SUBMISSION INFORMATION

#### GRANT PROGRAM

#### APPLICANT NAME

JULIE BRENEISER

#### ADDRESS

P. O. BOX 4

READING PA 19607

#### TELEPHONE

267-689-6443

#### EMAIL ADDRESS

#### FORM & CONTENT

LETTER

#### SUBMISSION DEADLINE

NONE

#### RESTRICTIONS ON AWARD

REQUEST SHOULD SUPPORT AND BENEFIT THOSE WHO SEEK TREATMENT AND A CURE FOR BASAL CELL CARCINOMA.