

Form 990EZ
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2024
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: DLG4 RESEARCH FUND
Number and street (or P. O. box, if mail is not delivered to street address): 1031 Kenilworth Street
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: Allen, TX 75013

D Employer identification number: 88-4118178
E Telephone number
F Group Exemption Number

G Accounting Method: Cash Accrued Other (specify)

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

I Website:

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. \$ 56,893

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations and totals.

Part II Balance Sheets(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	90,284	22	100,600
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,246	24	0
25 Total assets	93,530	25	100,600
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,530	27	100,600

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
 Our mission is to improve the lives of individuals with DLG4 Synaptopathy by supporting research, developing treatments and therapies, and providing a community of support. We understand the challenges that families face when dealing with this rare disease, and we are committed to making a difference. By collaborating with researchers, healthcare professionals, and other organizations, we aim to accelerate medical advances focused on the treatment and cure of DLG4 Synaptopathy.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 Harvard Stem Cell Core (Grants \$ 34,698) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,698
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	34,698

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Payal Patel President	30.00	0	0	0
Sonam Arneja Vice President	1.00	0	0	0
Kruti Dajee Secretary	1.00	0	0	0
Sabrina Merchant Science Director	25.00	0	0	0
Jay Patel Treasurer	2.00	0	0	0