Form JJJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

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

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

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



Α	For t	he 2019 calendar year, or tax year beginning and o	ending		
В	Check applica	if ble: C Name of organization		D Employer identific	cation number
Г	Add	PROGERIA RESEARCH FOUNDATION, INC.			
	Nan Cha			04-346022	20
	Initi		Room/suite	E Telephone number	
	Final Final	$rn/$ $I \cdot O \cdot DOX J \cdot J \cdot J \cdot J$		978-535-2	2594
	tern	Gity or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,086,605.
	retu			H(a) Is this a group re	
	App tion pen	alter at		for subordinates	? Yes X No
	-	ZUU LAKE STREET, PEABODY, MA 01960		H(b) Are all subordinates in	cluded? Yes No
		xempt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) o $	or 527	If "No," attach a	list. (see instructions)
		site: WWW.PROGERIARESEARCH.ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other ►	L Year	of formation: 1999 N	State of legal domicile: MA
Ρ	art I	-			
ģ	1	Briefly describe the organization's mission or most significant activities: DISCO PROGERIA & ITS AGING-RELATED DISORDERS, I			
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or dispose			ets. 9
j G	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			8
~	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			13
ties	6	Total number of volunteers (estimate if necessary)			1000
ž.		a Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		b Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,842,968.	4,778,810.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10			47,164.	102,997.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,415.	164,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,884,717.	5,046,788.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		460,750.	112,784.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
U.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		634,217.	708,375.
Fxnenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
XD-		b Total fundraising expenses (Part IX, column (D), line 25) 157,39		1 406 550	1 005 005
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,426,552.	1,825,325.
	18			2,521,519.	2,646,484.
	19	Revenue less expenses. Subtract line 18 from line 12		363,198.	2,400,304.
ts or				ginning of Current Year 5 , 025 , 342 .	End of Year
Assets	20			483,203.	7,451,058. 508,615.
let A	3~'	· · · · · · · · · · · · · · · · · · ·		4,542,139.	6,942,443.
	<u>22</u> art I	Net assets or fund balances. Subtract line 21 from line 20		4,344,139.	0,344,443.

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

Sign		Signature of	officer						Date
Here		AUDREY	GORDON,	ESQ,	PRE	ESIDENT,	EXECUTIVE	DIRECTO	DR
		Type or print	name and title						
	Prin	t/Type prepare	r's name			Preparer's signat	ture	Date	Check PTIN
Paid	MAI	RCI J.	COHEN						self-employed P00830439
Preparer	Firm	n's name 🕒	LITMANGE	RSON .	ASSC	CIATES,	LLP		Firm's EIN ▶ 04-2694095
Use Only	Firm	n's address 🕨	500 W. C	UMMIN	GS I	PARK, SU	ITE 5650		
		-	WOBURN,	MA 01	801				Phone no. 781 - 569 - 4700
May the II	RS di	scuss this ret	turn with the prep	arer show	n abov	ve? (see instruct	tions)		X Yes No
932001 01-2	0-20	LHA For	Paperwork Redu	uction Act	t Notic	e, see the sepa	arate instructions.		Form 990 (2019)

	990 (2019) PROGERIA RESEARCH FOUNDATION, INC. 04-3460220 Page t III Statement of Program Service Accomplishments Page Page
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DISCOVER TREATMENTS & CURE FOR PROGERIA & ITS AGING RELATED DISORDERS,
	INCLUDING HEART DISEASE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
^	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 112,784. including grants of \$ 112,784.) (Revenue \$
	RESEARCH GRANTS: PRF HAS AWARDED 76 RESEARCH GRANTS TOTALING \$8.37
	MILLION THROUGH PEER REVIEW BY OUR VOLUNTEER MEDICAL RESEARCH
	COMMITTEE. AWARDS OF UP TO \$100,000 PER YEAR, FOR UP TO THREE YEARS,
	HAVE ALLOWED INNOVATIVE NEW RESEARCH IN PROGERIA TO THRIVE.
4b	(Code:) (Expenses \$ 559,654. including grants of \$) (Revenue \$)
	PROGERIA DRUG TRIAL: THE PROGERIA RESEARCH FOUNDATION AND CHILDREN'S
	HOSPITAL BOSTON CONTINUE THEIR PARTNERSHIP FOR CONDUCTING CLINICAL DRUG
	TRIALS FOR CHILDREN WITH PROGERIA.
	THE CLINICAL TRIAL TEAM: A TEAM OF PROFESSIONALS AT CHILDREN'S HOSPITAL
	BOSTON AND BRIGHAM & WOMEN'S HOSPITAL IS WORKING WITH CHILDREN WITH PROGERIA FROM AROUND THE GLOBE. MEMBERS OF THE TEAM HAVE EXPERTISE NOT
	ONLY IN PROGERIA, BUT ALSO IN THE DRUGS ADMINISTERED IN THE TRIALS.
	ONLY IN PROGERIE, BUT ALSO IN THE DROGS ADMINISTERED IN THE INTALS.
	(SEE SCHEDULE O FOR CONTINUATION)
4c	(Code:) (Expenses \$ 353,760. including grants of \$) (Revenue \$
	FUTURE TRIAL EFFORTS: PRF ENGAGES MEMBERS IN THE SCIENTIFIC COMMUNITY
	WITH EXPERTISE IN VARIOUS DRUGS AND/OR GENETIC THERAPIES FOR THE
	TREATMENT AND POTENTIAL CURE FOR PROGERIA. THE INVESTIGATION AND
	COLLABORATIVE EVALUATION OF DRUG THERAPIES IS PURSUED TO IDENTIFY DRUG
	CANDIDATES/GENETIC THERAPIES THAT CAN LEAD TO FUTURE CLINICAL TRIALS.
44	Other program services (Describe on Schedule O)
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,118,720. including grants of \$) (Revenue \$)
	(Expenses \$ 1,118,720 · including grants of \$) (Revenue \$) Total program service expenses ▶ 2,144,918 ·
4e	
4e	Form 990 (201
	Form 990 (201 2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (FOUNDATION,	INC.
Part IV	Che	cklist of Required Sche	dules		

1 the organization described in section 501(b)(0) or 4847(b)(1) (bitler than a private foundation)? 1 X 2 the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule Q, Pert I 2 X 3 Section 501(b) direction in first organization engage in tobbying activities, or have a section 501(b) direction in effect 4 X 5 Section 501(b) direction in first organization engage in tobbying activities, or have a section 501(b) direction in effect 4 X 5 Is the organization assection 501(b) direction in effect 4 X 6 Diff the organization activity organization activity and direct or available for admost organization that receives membership dies, assessments, or similar amounts as difficient or investment of amounts in such funds or assocnitis? If "Yes," complete Schedule D, Part II 6 X 7 Diff the organization categor on dia conservation activity and amount in Part X, time 21, for scrow or cotodial account liabity, serve as a subclosion service? 7 X 9 Diff the organization inscript on through a related organization, load assets in porteolial assets reported in Part X, ine 72/Part II. 7 X 10 Diff the organization annuml in Part X, time 21/Part N, time 10? Y Yes, "complete Schedule D, Part I				Yes	No
2 Is the organization engage in direct or inderte oblightal campaign activities on ball of or inceptosition to candidates for public official 'th'res,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct or inderte oblightal campaign activities, or have a section 501(h) election in effect of the organization engage in lookying activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(k) organization engage in lookying activities, or have a section 501(h) election in effect 4 X 5 Is the organization ascinned in the organization engage in lookying activities, or have a section 501(h) election in effect 5 X 6 Did the organization markins and diment in dimension that receives membership dues, assessments, or ammunits nucleic on investment of anomunits in set funds or accounts? If Yes, 'complete Schedule 0, Part II 8 X 7 X Bid the organization receive or hold a conservation assement, including assements to preserve open space. If the organization receive any of the following questions in Yes, 'complete Schedule 0, Part II 7 X 8 X 10 Did the organization receive any of the following questions in Yes, 'then complete Schedule 0, Part X, in X 10 X 9 Did the organization receive an anount for index index organization receive anount for index wind the index organization receive anound for index in	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidate for public office? <i>J P P P</i> , <i>Complete Schedule C, Part I</i> 3 X 4 Section 501(b) organization. Dit the organization engage in lobbying activities, on have a section 501(b) election in effect during the tax year? <i>II 'Psa</i> , <i>'complete Schedule C, Part II</i> 4 X 5 Did the organization enseties of 100(b) organization during on the organization that receives membership dues, assessments, or animar amounts as defined in Revenue Procedure 08-192 // 'Psa,'' <i>complete Schedule D, Part II</i> 6 X 7 Did the organization residue on total a conservation assessment, including easements to preverve open space. <i>Prev Psa</i> , <i>'complete Schedule D, Part II</i> 6 X 9 Did the organization markina collectors of vortics of art. historical treasures, or other similar assets? <i>II'</i> 'Psa,' <i>complete Schedule D, Part II</i> 7 X 9 Did the organization markina collectors of vortics of art. historical treasures, or other similar assets? <i>II'</i> 'Psa,' <i>complete Schedule D, Part II</i> 8 X 9 Did the organization report an amount for bardy a related organization, hold assets in donorrestricted indowments or in quasi endowments? <i>II'</i> 'rsa,' <i>complete Schedule D, Part VI</i> 10 X 10 Did the organization report an amount for indexetinters, program reliation freporta nearch for indexements or the					
public office // If Yes, 'complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. D dite organization engage in lobbying activities, or have a section 501(c)(4) decision in effect 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or simila announts as defined in Revenue Proceedure 98 187 // Yes, 'complete Schedule C, Part II 6 X 6 Did the organization a matrian any domo advised funds or any similar funds or accounts for which domors have the right to b provide advise on the distribution or investment of anounts in such funds or accounts? // Yes, 'complete Schedule D, Part II 6 X 7 Did the organization matrian collection of works of at, historical treasures, or other similar asset? // 'Yes, 'complete Schedule D, Part II 8 X 8 Did the organization report an amount in Part X, line 21, for earcow or custodial account liability, serve as a custodian for amounts not listed in Part X, organizer Schedule D, Part II 8 X 9 Did the organization, ander ty report an amount for land, buildings, and equipment, investments of the regoliation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 137, the 137, that is 5% or more of its total assets reported in Part X, line 157, if 'Yes, 'complete Schedule D, Part X 111a X	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // if ves, "complete Schedule C, Part II	3				
during the tax year? If Yes,* complete Schedule C, Part II 4 X 5 is the organization a section S(10(4)), 50(10(3)), 50(10(3)) 50(10(3)) </td <td></td> <td></td> <td>3</td> <td></td> <td><u> </u></td>			3		<u> </u>
5 Is the organization a section 501(c)(6), 501(c)(6), or 901(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 90-199 if Yes," <i>complete Schedule C, Part II</i> 5 X 6 Did the organization markina any donor advected funds or any similar funds or accounts? // Yes," <i>complete Schedule D, Part II</i> 6 X 7 X 8 Did the organization neaves or hold a conservation funding easement is not thanks or accounts? // Yes," <i>complete Schedule D, Part II</i> 7 X 8 Did the organization metry or hold a conservation funding easement is not thanks or accounts? // Yes," <i>complete Schedule D, Part II</i> 7 X 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, provide crédit conseniend, det management, crédit reparis, d' det negatication services? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," <i>complete Schedule D, Part V</i> 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // Yes," <i>complete Schedule D, Part VI</i> 11a X 11 If the organization report an amount for investments - other securities in Part X, line 10? // Yes," <i>complete Schedule D, Part VI</i> 11a X <td>4</td> <td></td> <td></td> <td></td> <td></td>	4				
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // Image: Schedu	5				
provide advice on the distribution or investment of amounts in such funds or account? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the anivonment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization iffectily or through a related organization, hold assets in doner restricted indowments 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments- organ melted in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 13 Did the organization report an amount for investments- ordgram leade in Part X, line 13, that is 5% or more o			5		<u> </u>
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, factory of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is endowments? If "Yes," complete Schedule D, Part V 10 X 12 If the organization report an amount for land, buildings, and equipoment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments- program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 110 Did the organization subarits of schedule D, Part X 11d X 110 Did the organization negot an amount for investhmets-program related in Part X, line 13, that is 5% o	7		_		37
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If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted undowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 X 11 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 X 11 X 13 Did the organization report an amount for investments - orogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 X 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 12 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 12 Did the organization report an amount for other assets in Part X, line 27 If 'Yes,' complete Schedule D, Part X 111 X	Э				
10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "res," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VX, VX, VII, VX, VX, VX, VX, VX, VX, VX, VX, VX, VX					x
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X 11 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X e Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization separate or consolidated financial statements for the tax year include a forthore that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f "Yes," complete Schedule D, Part X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11d X 14a Did the organization as achoid described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule D, Part X 12a <td>10</td> <td></td> <td>- 3</td> <td></td> <td></td>	10		- 3		
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 16 Uf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	16				77
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18			Ţ	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X	00-				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		21	x	
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 Form 990 (2019)
 PROGERIA RESEARCH FOUNDATION, INC.
 04-3460220
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)<

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the experimentian part of an line is help of line way for bounds or states diagonal and she way of	24d		
		<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes, " complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0L		32		x
33	Schedule N, Part II	52		
33		22		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0 5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)
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<u>Form 990 (2</u>			FOUNDATION,	
Part V	Statements Regarding Oth	er IRS Filings	and Tax Complian	ice (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shel			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6.		х
h	any contributions that were not tax deductible as charitable contributions?			6a		~
D	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions o	gins	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1 1003 k	novided to the payor:	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as rea	uired			
•	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1.0	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
11	Gross income from members or shareholders	11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990	(2019)
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PROGERIA RESEARCH FOUNDATION, INC.

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

	tion A. Governing Body and Management			Vac	N
10	Enter the number of voting members of the governing body at the end of the tax year	1a	9	Yes	
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
h	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-		
2			2	x	
2	Did the organization delegate control over management duties customarily performed by or under the		·	23	
3	of officers, directors, trustees, or key employees to a management company or other person?				x
4					X
4	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization's asse				X
5	Did the events in the second events at the did second				X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app		. 0		2
7a			70		X
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		<u>7a</u>		
D			76		x
0	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			v	
	The governing body?			X X	\vdash
-	Each committee with authority to act on behalf of the governing body?		. <u>8b</u>	_ A	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				x
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code.)		N.	
•			40	Yes X	N
	Did the organization have local chapters, branches, or affiliates?		. <u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha			v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		. 12b	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,		77	
~	in Schedule O how this was done			X	
3	Did the organization have a written whistleblower policy?			X X	
4	Did the organization have a written document retention and destruction policy?		. 14		
5	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
	The organization's CEO, Executive Director, or top management official			X	-
b	Other officers or key employees of the organization		15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				•
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	zation's			
'	exempt status with respect to such arrangements?		. 16b		
	tion C. Disclosure		a ==	N T	3.0
7	List the states with which a copy of this Form 990 is required to be filed ▶MA, NY, CA, KY, MI				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(c)	(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	flict of interest policy,	and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records			
	THE ORGANIZATION - 978-535-2594				
	P.O. BOX 3453, PEABODY, MA 01961-3453				
	\$ 01-20-20		-	1 990	(20)

Form 990 (2019)	PROGERIA	RESEARCH	FOUNDATION,	INC.	04-3460220	Page 7
Part VII Compens	ation of Officers, D	irectors, Trus	stees, Key Employ	ees, Highes	t Compensated	
Employee	es, and Independer	t Contractors	5			
Check if Sch	nedule O contains a respo	onse or note to an	y line in this Part VII			
Section A. Officers, D	irectors, Trustees, Key	Employees, and I	Highest Compensated	Employees		
1a Complete this table f	or all persons required to	be listed. Report	compensation for the c	alendar year en	ding with or within the organization's	s tax year.
 List all of the organ 	nization's current officers	s, directors, truste	es (whether individuals	or organizations	s), regardless of amount of compens	ation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c	ss per	more rson i	1 than o is both pr/trus T	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT BERNS DIRECTOR	1.00	x						0.	0.	0.
(2) PAULA KELLY TREASURER/DIRECTOR	1.00	x		x				0.	0.	0.
(3) KAREN BALLACK DIRECTOR	1.00	x						0.	0.	0.
(4) SANDRA BRESNICK DIRECTOR	1.00	x						0.	0.	0.
(5) KIM PARATORE DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN MAROZZI DIRECTOR	1.00	x						0.	0.	0.
(7) LARRY MILLS DIRECTOR	1.00	x						0.	0.	0.
(8) TOM O'BRIEN DIRECTOR	1.00	x						0.	0.	0.
(9) LIZA MORRIS DIRECTOR	1.00	x						0.	0.	0.
(10) AUDREY GORDON PRESIDENT	40.00			x				122,669.	0.	24,027.
(11) BARBARA GORDON CLERK	1.00			x				0.	0.	0.
932007 01-20-20	1	1		1	1	1	1	1	1	Form 990 (2019)

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932007 01-20-20

	990 (20	D19) PROGERIA	RESEARC	Ή	FO	UN	DA	TI	ON	I, INC.	04-34	<u>160</u>	220	Pa	age 8
Par		Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee					n an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	an	(F) stimate nount other	
			(list any hours for related organizations below line)		Individual trustee or director Institutional trustee Officer Key em ployee Highest com pensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations		e ion ed			
		tal rom continuation sheets to Part VI								122,669.		0.	2	4,02	27.
		add lines 1b and 1c)								122,669.		0.			
2		umber of individuals (including but nensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
												1		Yes	No
3		e organization list any former officer,				•	-		Ŭ				3		Х
4	For an	? If "Yes," complete Schedule J for su y individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t					
5		lated organizations greater than \$150 y person listed on line 1a receive or a									lual for services		4		X
	render	ed to the organization? <i>If "Yes." com</i>											5		Х
1		Independent Contractors ete this table for your five highest con	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comr	pensa	tion fro	m	
		anization. Report compensation for t	-	-											
		(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С		C) nsatio	n
2		umber of independent contractors (ir 100 of compensation from the organiz	-	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than				

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		2019) PROGERIA RESE	ARCH FOUL	NDATION, IN	1C.	04-3460	220 Page 9
Par	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		<i>(</i> –)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
nts	1 a	Federated campaigns 1a					
Grai	b	Membership dues 1b					
ts, (Am	С		204,286.				
Gifi İlar	d	Related organizations 1d	45 266				
ns, Simi	е	Government grants (contributions) 1e	45,366.				
er (f	All other contributions, gifts, grants, and	F00 1F0				
<u>i</u> B			529,158.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f		4,778,810.			
0 0	n	Total. Add lines 1a-1f	Business Code	4,770,010.			
	2 a		Dusiness Coue				
vice	z a b						
Ser	c						
m Ver	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, intere					
		other similar amounts)		102,997.			102,997.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)	····· •				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
0	b	Less: cost or other basis					
venue		and sales expenses					
0		Gain or (loss)					
r B		Net gain or (loss)	▶				
Other R	8 a	Gross income from fundraising events (not including \$ 204,286. of					
0		contributions reported on line 1c). See					
			204,798.				
	h		39,817.				
		Net income or (loss) from fundraising events		164,981.			164,981.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10t	þ				
	с	Net income or (loss) from sales of inventory					
s			Business Code				
Miscellaneous Revenue	11 a						
scellaneo <u>Revenue</u>	b						
Scel	c						
Ξ	d	All other revenue		<u> </u>			
		Total. Add lines 11a-11d	····· P	5,046,788.	0.	0.	267,978.
	12	Total revenue. See instructions		-, v=v, 100.	0.		Form 990 (2019

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PROGERIA RESEARCH FOUNDATION, INC. Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	70,909.	70,909.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	41,875.	41,875.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	122,669.	79,735.	18,400.	24,534.
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages	468,899.	252,609.	133,135.	83,155.
 8 Pension plan accruals and contributions (include 	400,000.			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	54,645.	29,674.	16,846.	8,125. 10,154.
10 Payroll taxes	62,162.	35,830.	16,178.	10,154.
1 Fees for services (nonemployees):				
a Management	F 010	F 010	•	
b Legal	5,010. 31,960.	5,010.	31,960.	
c Accounting	51,900.		51,900.	
d Lobbying e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	29,470.	6,328.	8,550.	14,592.
12 Advertising and promotion				
13 Office expenses	20,637.		20,637.	
14 Information technology				
15 Royalties	50,286.	9,966.	40,320.	
16 Occupancy	5,985.	1,983.	2,751.	1,251.
 17 Travel 18 Payments of travel or entertainment expenses 	5,505.	1,505.	2,751.	1,201.
for any federal, state, or local public officials	-			
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,948.	16,246.	5,702.	
23 Insurance	6,075.		6,075.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	559,654.	559,654.		
b FUTURE TRIAL EFFORTS	353,760.	353,760.		
c RESEARCH ACTIVITIES	282,855.	282,855.		
d CELL AND TISSUE BANK	98,014.	98,014.		
e All other expensesSEE_SCH_O	359,671.	300,470.	43,615.	15,586.
25 Total functional expenses. Add lines 1 through 24e	2,646,484.	2,144,918.	344,169.	157,397.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
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09400904 134305 2596.01

33

Total liabilities and net assets/fund balances

5,025,342.

33

7,451,058.

Form **990** (2019)

PROGERIA RESEARCH FOUNDATION, IN	PROGERIA	RESEARCH	FOUNDATION,	INC
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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			4,490,236.	2	6,609,595.
	3	Pledges and grants receivable, net			188,738.	3	151,293.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ខ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			18,908.	9	42,569.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		92,190. 48,179.			
	b	Less: accumulated depreciation	10b	48,179.	16,759.	10c	44,011.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	216,103.	12	511,136.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		91,598.	14	89,454.	
	15	Other assets. See Part IV, line 11			3,000.	15	3,000.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	5,025,342.	16	7,451,058.
	17	Accounts payable and accrued expenses			483,203.	17	481,162.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subs	antial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third j	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	5 17-24)	. Complete Part X	_		
		of Schedule D			0.	25	27,453.
	26	Total liabilities. Add lines 17 through 25			483,203.	26	508,615.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
čě		and complete lines 27, 28, 32, and 33.			4 205 252		6 010 045
Ilan	27				4,387,973.	27	<u>6,919,947.</u> 22,496.
l Ba	28	Net assets with donor restrictions			154,166.	28	22,496.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ed				30	
tAŝ	31	Retained earnings, endowment, accumulated in		Г	4 540 400	31	
Ne	32	Total net assets or fund balances			4,542,139.	32	6,942,443.
	33	Total liabilities and net assets/fund balances			5,025,342.	33	7,451,058.

Form 990 (2019)

Part X Balance Sheet

Form	1990 (2019) PROGERIA RESEARCH FOUNDATION, INC.	04-3	460220	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,04	6,7	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,64		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,40	0,3	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,54	2,1	39.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,94	2,4	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDUL	E A.
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-E2

	OMB No. 1545-0047
	2019
	Open to Public Inspection
lavar	identification numbe

		nue Service	►		v/Form990 for instruction			nformation.		Inspection
Nan	ne of t	the organization	· · · · · ·						Employer	identification numbe
					RCH FOUNDATI					4-3460220
Pa	rt I	Reason	for Public C	Charity Status	(All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The	organ	ization is not a	private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b) (1	1)(A)(i).		
2		A school dese	cribed in secti	on 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiza	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state								
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		-		complete Part II.)						
6				-	mental unit described in					
7	X	-		-	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
_		-		omplete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par	-				
9		•	•		l in section 170(b)(1)(A)(-		-	-
			or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
40		university:								
10					e than 33 1/3% of its sup					
					ect to certain exceptions,					
					e (less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	atter June 30, 1975.
11				nplete Part III.)	ively to test for public co	Foty Soo	oootion E(O(a)(4)		
12	H	-	-	-	sively to test for public sa sively for the benefit of, to				rny out the	purposes of one or
12		-	-	-	ed in section 509(a)(1) of				-	
					of supporting organization					
а		-	-		supervised, or controlled				-	aivina
u	L				gularly appoint or elect a	• • •	-			
			-	omplete Part IV, S		majority c				pporting
b		¬ ~			d or controlled in connect	tion with it	s supporte	ed organizatio	n(s) by hay	vina
~					anization vested in the sa			-		-
			-		Sections A and C.	anne peree			ge the calpr	
с		¬ ~	. ,		ng organization operated	in connect	tion with, a	and functional	lv integrate	ed with.
			-	-	s). You must complete l				, 0	,
d		¬ ···	•		porting organization oper				ted organiz	zation(s)
			-		zation generally must sat				-	
			-		mplete Part IV, Sections	•		-		
е		Check this	box if the orga	nization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-functio	onally integrated supporti	ng organiz	ation.			
f	Ente	er the number o	of supported o	rganizations						
g				about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions
_										
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1957893.	3121557.	2100210.	2837553.	4943791.	14961004.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1957893.	3121557.	2100210.	2837553.	4943791.	14961004.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3580928.
	Public support. Subtract line 5 from line 4.						11380076.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1957893.	3121557.	2100210.	2837553.	4943791.	14961004.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	58,026.	50,942.	47,077.	47,164.	102,997.	306,206.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						15267210.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
_	organization, check this box and stop	phere	·····				
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I		•			14	74.54 %
	Public support percentage from 2018					15	86.54 %
1 6a	33 1/3% support test - 2019. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		Ũ				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	t VI how the organ	nization
	meets the "facts-and-circumstances"	0	• •	,	•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				• •		e
	organization meets the "facts-and-circ			-	• • • •		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				Ť		
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	•					
0.	check this box and stop here						
	ction C. Computation of Publ		-			T T	
	Public support percentage for 2019 (•	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					T T	
17 18	Investment income percentage for 2 Investment income percentage from		B)	17 18	<u>%</u>
19a	33 1/3% support tests - 2019. If the	organization did n				3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2018. If the	-	-				, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19						990 or 990-EZ) 2019
			15				-

2019.04020 PROGERIA RESEARCH FOUNDAT 2596.011

Schedule A (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC.

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Eaa	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		v	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	2010/10/	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990 EZ) 2019 PROGERIA RESEARCH FOUNDA			04-3460220 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See Instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must com ion A - Adjusted Net Income	piete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
U	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
				(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting or	panization (see
•	instructions).			J=

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC.

Fai	i ype ill Non-Functionally integrated 509	alls) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Γ	I	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u> i</u>	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A						FOUNDATION,		04-3460220 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Inforn lines 1, tion D, li	n ation. Pro 2, 3b, 3c, 4b, nes 2 and 3; 1	vide 4c, Part	the explanations 5a, 6, 9a, 9b, 9c, IV, Section E, line	required by Part II, line 1 11a, 11b, and 11c; Part s 1c, 2a, 2b, 3a, and 3b;	0; Part II, I IV, Section Part V, lin	ine 17a or 17b; Part III, line 12; h B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, ny additional information.
							•	
932028 09-25-1	9					20		Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number 04-3460220

Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advis	ed funds	(b) Funds	and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets h	eld in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose o	conferring	
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically im	portant land area
	Protection of natural habitat		Preservation of	a certified histor	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contril	oution in the form o	of a conservation	n easement on the last
	day of the tax year.			He	eld at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not o	n a historic structu	re	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or	terminated by the	organization du	ring the tax
	year ►				
4	Number of states where property subject to conservation eas	sement is located _			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	ction, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	ind enforcing cons	ervation easeme	ents during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservat	ion easements o	luring the year
	▶\$				
8	Does each conservation easement reported on line 2(d) abov	•			
-	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tr	easures or Ot	her Similar A	esets
I UI	Complete if the organization answered "Yes" on Form	-			
19	If the organization elected, as permitted under FASB ASC 95		ionuo statoment a	nd balance shee	t works
14	of art, historical treasures, or other similar assets held for put	•			
	service, provide in Part XIII the text of the footnote to its finar			-	
b	If the organization elected, as permitted under FASB ASC 95				orks of
2	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ .\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre				
-	the following amounts required to be reported under FASB A			J, P. 01140	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ .\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				hedule D (Form 990) 2019
	10-02-19				

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Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche		A RESEARCH					04-34			age 2
collection items (check all that apply: d Loan or exchange program a Puble exhibition d Loan or exchange program b Scholarly research 0 Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treas	ures, or Oth	er Simila	r Assets	(contin	ued)	
a Public exhibition d Chan or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the follo	wing that make	significant	use of its		,	
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to solicit or raceive donations of art, historical treasures, or other similar assets to to solicit on Form 980, Part X, line 21. 16 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Intermediary for additions of the organization answered "Yes" on Form 980, Part X, line 21. 17 Is the organization include an amount on Form 990, Part X, line 21. for secret or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21. for secret or custodial account liability? Yes No 24 Earling balance (a) Current year (b) Priory art (c) Involves back. (d) Four years back. 26 Orthinutors (a) Current year (b) Priory art (c) Involves back. (d) Four years back. (e) Four years back. <		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection? Yes No Part IV Secrow and Custodial Arrangements. Computed in the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 4 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 4 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 5 Both me organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Part V Endowment Funds. Complete If the organization naweed 'Yes' on Form 990, Part X, line 10. 5 Contributions Grant Soc	а	Public exhibition	d	I 🔄 Loan o	r exchan	ige program					
Provide a description of the organization's collections and explain how they further the organization's exempt purgose in Part XIII. During the year, did the organization is collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Distributions during the year Ite III. Distributions during the year Ite III. Part V Endowment Funds. Complete if the organization nanowered "Yes" on Form 990, Part X, line 21. In Provide a nanount on Form 990, Part X, line 21. In Provide a nanount on Form 990, Part X, line 21. In Provide III. Part V Endowment Funds. Complete if the organization includes on Part XIII. Or the organization include an amount on Form 990, Part X, line 21. In Provide III. Part V Endowment Funds. Complete if the organization includes on Part XIII. Or the organization include an amount on Form 990, Part X, line 21. Is Beginning of year balance Id Ourment year	b	Scholarly research	e	e 🗌 Other_							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Clustodial Arrangements. Complete if the organization answered "Yes" on Form 390, Part V, line 9, or reported an amount on Form 390, Part X, line 21. Is the organization angent, frustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part XP. Is the organization angent. In Part XII and complete the following table: C Beginning balance C Beginning balance C Isolations during the year C Isolations C Intermediation and the intermediation has been provided in Part XII C Part V	с	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other asset not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Is the organization account is the organi	4	· · ·		•		-		se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 21.) Ves No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Image: Complete intermediary for contributions or other intermediary for contributions of other part XII and complete the following table: Amount Image: Complete intermediary for contributions of other intermediary for contributions of other part XIII and complete the following table: Amount Image: Complete intermediary for contributions of complete intermediary for escrew or custodial account liability? Ves No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions Image: Contributions 1a Beginning of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions a Order scholarships Image: Contributions Image: Contributions <th>5</th> <th>During the year, did the organization solicit o</th> <th>r receive donations o</th> <th>of art, historical</th> <th>treasure</th> <th>es, or other simila</th> <th>ar assets</th> <th></th> <th>_</th> <th></th> <th>_</th>	5	During the year, did the organization solicit o	r receive donations o	of art, historical	treasure	es, or other simila	ar assets		_		_
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 2d Additions during the year 1d 1d 1d 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization namered "Yes" on Form 990, Part XIII. Check here if the explanation has been provided on Part XIIII. Part X 1a Beginning of year balance (a) Current year (b) Price year back. (c) Two years back. (c) Four years back. 1a Continuous (a) Current year (b) Price year (c) Two years back. (d) Four years back. (e) Four years back. 1a Continuous (a) Current year end balance (line 1g. column (a) held as: a a a 1a Continuous % % for the organization sisted as required on Schedule R? a a </th <th>_</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><u></u></th> <th></th> <th></th> <th>No</th>	_							<u></u>			No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Section 2012 b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Section 2012 c Beginning balance Image: Section 2012 d Additions during the year Image: Section 2012 1d Image: Section 2012 Image: Section 2012 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Section 2012 Part V Endowment Funds. Complete If the explanation has been provided on Part XII. Image: Section 2012 Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10. Image: Section 2012 Part V Endowment Funds. Complete If the explanation answered "Yes" on Form 990, Part X, line 10. Image: Section 2012 Ia Beginning of year balance Image: Section 2012 Image: Section 2012 Ia Beginning of year balance Image: Section 2012 Image: Section 2012 Ia Beginning of year balance Image: Section 2012 Image: Section 2012 Ia Beginning of year balance Image: Section 2012 Image: Section 2012	Par			ete if the organi	zation ar	nswered "Yes" o	on Form 990), Part IV, I	ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part X, line 10. Image: Stack (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance image: Stack if											
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: Contribution of the expenditures for facilities f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9% c Term endowment 9% c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 9 4 Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c 1a Land b b b Buildings 1a Land b b b	1a	Beginning of year balance	(u) ourrent your			J TWO YOUTO DUOK		youro buok		youron	Juon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs											
d Grants or scholarships	_										
e Other expenditures for facilities and programs											
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >% b Permanent endowment >% c Term endowment >% me percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) 3a(ii) 3a(iii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 7, 132. 2, 929. 4, 203. e Other											
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b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, colun	nn (a)) he	eld as:					
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (c) Accumulated depreciation (d) Book value basis (other) (f) Book value depreciation (f) Book value basis (other) (f) Book value depreciation (f) Book value depreciation 	а	Board designated or quasi-endowment		_%							
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Book value (f) Book va											
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land										Yes	No
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land					e R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				wment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Fai	, 3 , 11			1. 0		(line 10				
basis (investment) basis (other) depreciation 1a Land										Volue	
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b Buildings 7,132. 2,929. 4,203. c Leasehold improvements 85,058. 45,250. 39,808. e Other 6 6 6	1 a	Land									
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d Equipment 85,058. 45,250. 39,808. e Other <th>с</th> <th></th> <th></th> <th></th> <th>7,</th> <th>132.</th> <th>2,9</th> <th>29.</th> <th>4</th> <th>,20</th> <th>)3.</th>	с				7,	132.	2,9	29.	4	,20)3.
e Other					85,	058.	45,2	50.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	<u>e</u>										
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), I	ine 10c.)				44	,01	1.

Schedule D (Form 990) 2019

932052 10-02-19

	ESEARCH FOUNDA'	FION, INC.	04-3460220 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	1	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) THE STANDARD ANNUITY	511,136.	END-OF-YEA	AR MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	511,136.		
Part VIII Investments - Program Related.	511,150.		
Complete if the organization answered "Yes	" on Form 000 Part IV line	110 Soo Form 000 Par	t V line 13
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>	-		
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.		<u> </u>	
		11 d. Cas Farma 000, Day	
Complete if the organization answered "Yes	Description	110. See Form 990, Par	(b) Book value
·			(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 99	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			27,453.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,		
2. Liability for uncertain tax positions. In Part XIII, provid	le the text of the footnote to	the organization's finar	· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions under	er FASB ASC 740. Check he	ere if the text of the foot	note has been provided in Part XIII

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Schedule D (Form 990) 2019

	edule D (Form 990) 2019 PROGERIA RESEARCH FOUNDATIC				3460220 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,434,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	387,862.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	387,862.
3	Subtract line 2e from line 1			3	5,046,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,046,788.
_	Total overlade. Add lines of and tot (This must equal Form 330, Farth, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F	Returi	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F		n.
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F		n.
1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts With	Expenses per F		n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per F		n.
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F		n. 3,034,346.
1 2 b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	387,862.		n. <u>3,034,346.</u> 387,862.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	387,862.	1	n. 3,034,346.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	387,862.	1 2e	n. <u>3,034,346.</u> 387,862.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	387,862.	1 2e	n. <u>3,034,346.</u> 387,862.
1 2 6 6 8 4	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	387,862.	1 2e	n. <u>3,034,346.</u> 387,862.
1 2 a b c d e 3 4 a	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	387,862.	1 2e	n. <u>3,034,346.</u> <u>387,862.</u> 2,646,484. 0.
1 2 d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>3,034,346.</u> 387,862.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR THE UNCERTAINTY IN INCOME TAXES IN
ACCORDANCE WITH THE PROVISIONS OF FASB ASC TOPIC NO. 740 INCOME TAXES (ASC
740), WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE LIKELY-THAN-NOT,
AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE
TAKEN ON A TAX RETURN, IN ORDER FOR THOSE TAX POSITIONS TO BE RECOGNIZED
IN THE FINANCIAL STATEMENTS. WHEN NECESSARY, THE ORGANIZATION ACCOUNTS FOR
INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS PART OF ITS
PROVISION FOR INCOME TAXES. THE ORGANIZATION DOES NOT EXPECT THAT
UNRECOGNIZED TAX BENEFITS ARISING FROM TAX POSITIONS WILL CHANGE
SIGNIFICANTLY WITHIN THE NEXT 12 MONTHS.

29

932054 10-02-19

Schedule D (Form 990) 2019	PROGERIA RESEARC	CH FOUNDATION,	INC.	04-3460220	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Info	rmation (continued)				
			4		
			•		
	4				
				Schedule D (Form 9	90) 2019

SCHEDULE F		Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes 🗕	OMB No. 1545-0047
(Form 9	990)			n answered "Yes" on Form 990, Part			2010
•	of the Treasury	P Compress in		Attach to Form 990.	,, .	·	Den to Public
	enue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	t information.	li li	rspection
Name of	the organization					Employer ide	entification number
PROGE	ERIA RESEAL	RCH FOUND	ATION, I	NC.		04-3460	220
Part I	General Info	ormation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answere	ed "Yes" on
	Form 990, Part						
	-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
	r grantmakers. Des ited States.	scribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance o	outside the
		The following Part	I line 3 table ca	an be duplicated if additional space is r	leeded)		
	(a) Region	(b) Number of offices in the region		 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	(
	(INCLUDING & GREENLAND)	0	0	GRANT MAKING			23,125.
	a GREENDAND /		0	SKANT MARING			
3 a Su	btotal	0	0				23,125.
	tal from continuation	n					
	eets to Part I	0	0				0.
	tals (add lines 3a d 3b)	0	0				23,125.

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

932071 10-12-19

04-3460220

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -		41.055				
		ALBANIA, ANDORRA,	MEDICAL RESEARCH	41,875.		0.		
			recognized as charities by the f					
			tion 501(c)(3) equivalency letter			►		
3 Enter total number of	Enter total number of other organizations or entities							

Schedule F (Form 990) 2019

04-3460220

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Schedule F ((Form 990)	2019	PROGERIA	RESEARCH	FOUNDATION,	INC.
Part IV	Foreigr	n Forms	3			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i>	Yes	X No
0	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART II, LINE 1	
METHOD OF ACCOUNTING IS ACCRUAL.	
PART I, LINE 2:	
PRF USES THE SAME PROCEDURES FOR MONITORING GRANTS OUTSIDE THE US THAT	
IT USES FOR GRANTS MADE WITHIN THE US. THE PROCEDURE IS DESCRIBED IN	
PART IV OF SCHEDULE I.	
932075 10-12-19 Schedule F (Form 99) 0) 2019

SCHEDULE G	Suppleme	ntal Information Regarding	Fundra	aisir	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on rganization entered more than \$1				r 19 ,	or if the	2019
5 <i></i>	0	Attach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization					<i>a</i>			ntification number
Part I Fundrais		A RESEARCH FOUNDAT Complete if the organization answe				no 1	04 - 3460	
	complete this part		ieu res	UII	Form 990, Fart IV, II		7. FOITH 990-EZ	niers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written of ed in Form 990, Pa highest paid indiv	f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	tion of nc tion of gc fundraisi (includin rofession	on-go overn ng ev g offi al fur	vernment grants ment grants vents cers, directors, trust ndraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) Di fundrais have custe or contro contributio	of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		\sim						
Total								
	ch the organizatior	n is registered or licensed to solicit o	contributi	ons o	or has been notified	it is (exempt from re	gistration
LHA For Paperwork Re	eduction Act Notic	ce, see the Instructions for Form S	90 or 99	0-EZ	2. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G	(Form 990 or 990-EZ) 2019	PROGERIA	RESEARCH	FOUNDATION,	INC.	04-3460220	Page 2
Part II	Fundraising Events.	Complete if the c	organization answe	ered "Yes" on Form 990	, Part IV, line 18	3, or reported more than \$15,	000
	of fundraising overt contrib	outions and gross	incomo on Form (000 EZ lines 1 and 6h l	ist overts with	gross receipts greater than	1000 34

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ONEPOSSIBLE	NOW GALA	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	156,016.	139,912.	113,156.	409,084.
	2	Less: Contributions	156,016.	3,429.	44,841.	204,286.
	3	Gross income (line 1 minus line 2)		136,483.	68,315.	204,798.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses	10,992.		28,825.	39,817.
	10					39,817.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			164,981.
Pa	rt I	III Gaming. Complete if the organization a	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				

nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1 Gross revenue							
S	2 Cash prizes							
Direct Expenses	3 Noncash prizes							
lirect E	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor		Yes % No	└── Yes % └── No	Yes %			
	7 Direct expense summary.	Add lines 2 through 5	in column (d)					
	8 Net gaming income summ	ary. Subtract line 7 fro	om line 1, column (d)					
9	Enter the state(s) in which the	organization conducts	s gaming activities:					
	a Is the organization licensed to b If "No," explain:							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							
93208	082 09-11-19				Schedule G (Fo	rm 990 or 990-EZ) 2019		

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 PROGERIA RESEARCH FOUNDATION, INC. 04-3	460220	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16			
10	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year s s		
га	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 9	9D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional mormation. See instructions.		
93208	83 09-11-19 Schedule G (Forn	n 990 or 990	-EZ) 2019
	38		

Schedule G	G (Form 990 or 990-EZ)	PROGERIA	RESEARCH	FOUNDATION,	INC.	04-3460220	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(continue}	ed)				
					1		
					*		
						Schedule G (Form 990 or	990-EZ)

932084 04-01-19

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States								
Department of the Treasury	f the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Internal Revenue Service									
Name of the organization PROGERIA	RESEARCH	FOUNDATION,	INC.				Employer identification number $04-3460220$		
Part I General Information on Grants a	and Assistance								
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Parl	IV line 21 for any		
recipient that received more than									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104			52,159.	0.			MEDICAL RESEARCH		
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 505 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143			18,750.	0.			MEDICAL RESEARCH		
		\bigcirc							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization			l ine 1 table				 		

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

Schedule I (Form 990) (2019) PROGERIA RESEARCH FOUNDATION, INC.

04-3460220

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

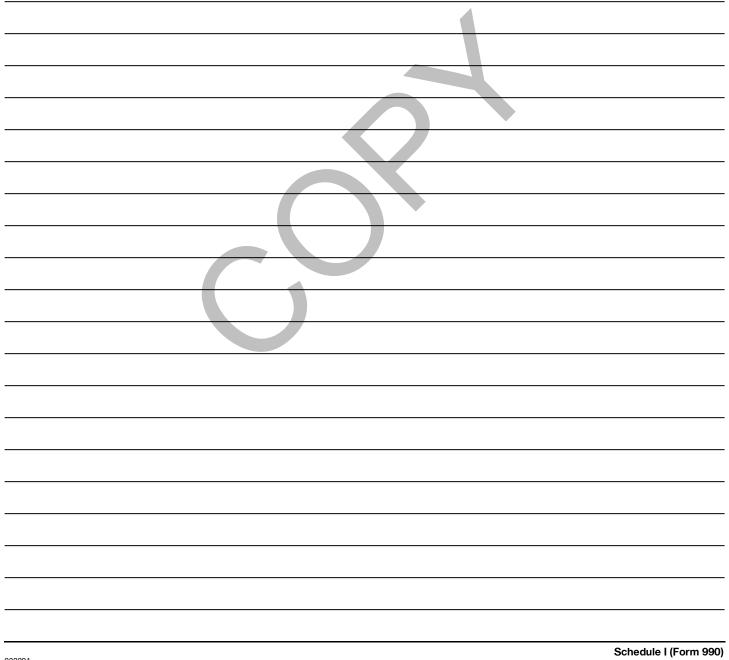
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
PART I, LINE 2:							
THE RECIPIENT OF ANY GRANT AWARD FROM PRF MUST USE THE FUNDS FOR THE							
SPECIFIC PURPOSE FOR WHICH THEY WERE ORIGINALLY INTENDED IN THE GRANT							
APPLICATION. PRF REQUIRES A DETAILED ACCOUNTING OF ALL FUNDS EXPENDED							
TO BE SUBMITTED EVERY 12 MONTHS, AND A PROJECT PROGRESS REPORT TO BE							
SUBMITTED EVERY 12 MONTHS, OR MORE FREQUENTLY AT THE DISCRETION OF PRF							

WITH THIRTY DAYS NOTICE, AND A FINAL ACCOUNTING AND PROGRESS REPORT

WITHIN 60 DAYS OF THE END OF THE PROJECT. ANY FUNDS NOT USED IN THE

MANNER SPECIFIED ABOVE MUST BE RETURNED TO PRF, AND ANY BUDGET CHANGE THAT

Schedule I (Form 990) PROGERIA RESEARCH FOUNDATION, INC. 04-3460220 Page 2
Part IV Supplemental Information
IS GREATER THAN 10% OF THE TOTAL BUDGET AMOUNT MUST BE SUBMITTED
IN WRITING FOR APPROVAL BY THE PRF MEDICAL RESEARCH COMMITTEE, SUCH
APPROVAL NOT TO BE UNREASONABLY DENIED. PRINCIPAL INVESTIGATORS MAY
APPLY FOR AN EXTENSION OF TIME TO USE REMAINING FUNDS AT THE END OF THE
GRANT PERIOD. FOR TWO OR THREE YEAR GRANT AWARDS, FUNDS NOT USED IN THE
FIRST OR SECOND YEAR WILL BE AVAILABLE FOR USE IN THE FOLLOWING YEAR IF
WRITTEN APPROVAL IS OBTAINED FROM PRF.



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

19

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

	Inspection
Employer	identification number
0	4-3460220

ZU

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	PROGERIA	RESEARCH	FOUNDATION,	INC.
Dort I	Types of Property			

Pa	rt I j Types of Property	_					
		(a)	(b) Number of	(c) Noncash contribution	(d) Mothod of dot	tormining	
		Check if applicable	contributions or	amounts reported on	Method of det noncash contribut	•	ts
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	99,510.	MARKET QUOTI	Ε	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \ldots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organized						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29			
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		37
	exempt purposes for the entire holding period?	?				30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions?	31 X	
32a	Does the organization hire or use third parties			· · ·			- v
	contributions?					32a	X
	If "Yes," describe in Part II.			ferral (At t	Les d		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	r for which column (a) is chec	:Kea,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

<u>Schedule</u> M	(Form 990) 2019	PROGERIA	RESEARCH	FOUNDATION,	INC.	04-3460220	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information.	Provide the inform	nation required by Part outions, the number of it	l, lines 30b, 32b ems received, o	o, and 33, and whether the organizat or a combination of both. Also comp	ion lete
				`			
932142 09-27- ⁻	19					Schedule M (Form	990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ▶ Go to www.irs.gov/Form990 for the latest information. EZ 2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

04-3460220

PROGERIA RESEARCH FOUNDATION, INC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES

DIAGNOSTIC TESTING: PRF DEVELOPED A DIAGNOSTIC TEST FOR PROGERIA IN THE

WAKE OF THE 2003 GENE DISCOVERY SO THAT CHILDREN, THEIR FAMILIES AND

MEDICAL CARETAKERS CAN FOR THE FIRST TIME BE GIVEN A DEFINITIVE

SCIENTIFIC DIAGNOSIS. THIS CAN TRANSLATE INTO EARLIER DIAGNOSIS, FEWER

MISDIAGNOSES AND EARLY MEDICAL INTERVENTION TO ENSURE A BETTER QUALITY

OF LIFE FOR THE CHILDREN.

MEDICAL & RESEARCH DATABASE: THE DATABASE IS A COLLECTION OF MEDICAL

RECORDS OF PROGERIA PATIENTS FROM ALL OVER THE WORLD. THE DATA IS

RIGOROUSLY ANALYZED TO DETERMINE THE BEST COURSE OF TREATMENTS TO

IMPROVE THE PATIENTS' QUALITY OF LIFE. THIS INFORMATION IS INVALUABLE

FOR THE ATTENDING PHYSICIAN TO GUIDE THE FAMILY THROUGH THE BEST COURSE

OF ACTION. DATABASE MATERIAL WAS USED TO CREATE PRF'S COMPREHENSIVE

HEALTHCARE RECOMMENDATIONS HANDBOOK ON PROGERIA AIMED AT OPTIMIZING

QUALITY OF LIFE. THE DATABASE WAS ALSO CRITICAL IN DETERMINING THE

PRIMARY CLINICAL OUTCOME PARAMETER FOR THE PROGERIA CLINICAL DRUG

TRIALS.

WEBSITE/PUBLIC AWARENESS: IN 2019, THE PRF WEBSITE WAS UPDATED.

PROGERIARESEARCH.ORG PROVIDES VISITORS WITH ACCESS TO THE LATEST

INFORMATION ON PROGERIA RESEARCH, SUPPORT, AND EDUCATION FOR FAMILIES

AND CAREGIVERS. IN ADDITION, PRF'S SOCIAL MEDIA PRESENCE AND MEDIA

EXPOSURE HELP RAISE AWARENESS OF THE ULTRA-RARE DISEASE GLOBALLY.

PRF TRANSLATION PROGRAM: IN TOUCH WITH THE WORLD. WITH A PROMINENT

GLOBAL OUTREACH, PRF ELIMINATES BARRIERS OF COMMUNICATION FOR PATIENTS

AND THEIR FAMILIES AROUND THE WORLD. THIS INITIATIVE HAS SUCCEEDED IN

TRANSLATING PRF PROGRAM AND MEDICAL CARE MATERIALS INTO OVER 38

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

09400904 134305 2596.01

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
DIFFERENT LANGUAGES.	
THE FOUNDATION EDITS AND PUBLISHES THE PROGERIA HANDBOOK,	A GUIDE FOR
FAMILIES AND HEALTH CARE PROVIDERS OF CHILDREN WITH PROGEN	RIA. IT IS
PUBLISHED IN ENGLISH AND SEVERAL OTHER LANGUAGES TO ALLOW	ITS USE
THROUGHOUT THE WORLD.	
THE FOUNDATION MAINTAINS AN INTERNATIONAL PROGERIA REGIST	RY CONTAINING
CENTRALIZED INFORMATION ON CHILDREN AND FAMILIES LIVING W	ITH PROGERIA.
THIS ASSURES RAPID DISTRIBUTION OF ANY NEW INFORMATION THAT	AT MAY BENEFIT
THE CHILDREN.	
PRF ORGANIZES SCIENTIFIC CONFERENCES THAT BRING TOGETHER ;	SCIENTISTS AND
CLINICIANS FROM ALL OVER THE WORLD TO SHARE THEIR EXPERTIS	SE AND CUTTING
EDGE SCIENTIFIC DATA, AND FOSTER COLLABORATION IN THE FIG	HT AGAINST
PROGERIA AND OTHER AGING RELATED ILLNESSES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
THE PROGERIA TRIPLE DRUG TRIAL	
IN 2007, RESEARCHERS IDENTIFIED TWO DRUGS CALLED PRAVASTA	FIN AND
ZOLEDRONATE THAT, WHEN USED IN COMBINATION WITH THE FTI D	RUG THAT WAS

TESTED IN THE FIRST-EVER PROGERIA CLINICAL DRUG TRIAL, MIGHT PROVIDE AN

EVEN MORE EFFECTIVE TREATMENT FOR CHILDREN WITH PROGERIA THAN FTI'S

ALONE.

IN 2014, THE TRIPLE DRUG TRIAL DESIGN WAS AMENDED BASED ON THE

CONTINUAL RE-EVALUATION OF TRIAL PROTOCOL AND THE RESULTS OF THE FIRST

TRIAL SHOWING THE EFFECTIVENESS OF ONE OF THE THREE DRUGS TESTED. THE

TRIAL TEAM DETERMINED THAT THE BEST COURSE OF ACTION WAS TO CONTINUE

STUDYING THE EFFECTS OF LONAFARNIB ALONE FOR A PERIOD OF 2 YEARS, AND Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number $04 - 3460220$
EXPAND ENROLLMENT TO UP TO 80 PARTICIPANTS. THE APPROPRIAT	E APPROVALS
WERE SECURED, AND CHANGES IMPLEMENTED AND THE PROGRESS IN	2015-2017 IS
DETAILED BELOW.	
IN 2015, 15 ADDITIONAL TRIAL SUBJECTS ENROLLED FROM 13 COU	NTRIES

SPEAKING 10 DIFFERENT LANGUAGES. IN 2016, 3 ADDITIONAL TRIAL SUBJECTS ENROLLED FROM 3 COUNTRIES. DURING 2017, PRF AND THE TRIAL TEAM CONTINUED TO WORK WITH OTHER FAMILIES TOWARD TRIAL PARTICIPATION, INCLUDING SEVERAL NEWLY DIAGNOSED CHILDREN.

THE PROGERIA 2-DRUG, PHASE I/II TRIAL

IN 2015, PRF OBTAINED ALL NECESSARY APPROVALS FOR ITS THIRD CLINICAL TRIAL WHICH WILL ASSESS A TWO-DRUG COMBINATION OF LONAFARNIB AND EVEROLIMUS. EVEROLIMUS IS A FORM OF THE DRUG RAPAMYCIN, BUT EVEROLIMUS CAN BE MORE EASILY GIVEN TO CHILDREN WITH PROGERIA. EVEROLIMUS TARGETS A DIFFERENT PATHWAY THAN LONAFARNIB AND THE TRIAL IS DESIGNED TO DETERMINE IF THE COMBINATION PROVIDES A BETTER TREATMENT THAN LONAFARNIB ON ITS OWN. THE PROGRESS OF THIS TRIAL IN 2016 IS DETAILED BELOW.

IN 2016, 15 TRIAL PARTICIPANTS ENROLLED IN PHASE I OF THIS TRIAL FROM 6 COUNTRIES SPEAKING 6 DIFFERENT LANGUAGES. THE PURPOSE OF A PHASE I TRIAL IS TO DETERMINE THE SAFEST MAXIMUM DOSAGE OF A DRUG.

IN 2017, THE 17 CHILDREN THAT PARTICIPATED IN PHASE I OF THE DRUG TRIAL

HAVE BEED MOVED ONTO PHASE 2. PHASE II OF THE TRIAL TESTS THE

 EFFECTIVENESS OF THE 2-DRUG COMBINATION. THE ENROLLMENT OF ADDITIONAL

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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09400904 134305 2596.01

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
CHILDREN TOOK PLACE IN JULY OF 2017. 39 CHILDREN FROM 18 I	DIFFERENT
COUNTRIES TRAVELED TO BOSTON TO PARTICIPATE IN THE DRUG TH	RIAL.
FORM 990, PART VI, SECTION A, LINE 2:	
AUDREY GORDON WHO IS THE PRESIDENT IS THE SISTER OF LESLIE	E GORDON WHO IS
THE VOLUNTEER MEDICAL DIRECTOR.	
BARBARA GORDON WHO IS THE CLERK IS THE MOTHER OF AUDREY GO	ORDON WHO IS THE
PRESIDENT AND LESLIE GORDON WHO IS THE VOLUNTEER MEDICAL I	DIRECTOR.
SCOTT BERNS, WHO IS A DIRECTOR AND HUSBAND OF LESLIE GORDO	ON (VOLUNTEER
MEDICAL DIRECTOR), THE BROTHER IN LAW OF AUDREY GORDON (PR	RESIDENT) AND SON
IN LAW OF BARBARA GORDON (CLERK).	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE PRESIDENT, EXECUTIVE DIRECTOR A	AND THE TREASURER.
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCUSSED AT ANNUAL BOARD MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	

THE PRESIDENT'S SALARIES FOR 2019 WERE DETERMINED BY THE INDEPENDENT VOTING

MEMBERS AFTER REVIEW OF THE DUTIES PERFORMED AND DATA AS TO COMPARABLE

COMPENSATION FOR SIMILARLY QUALIFIED PERSONS. THERE WERE NO OTHER

COMPENSATED OFFICERS OR KEY EMPLOYEES IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST, FINANCIAL STATEMENTS ARE ALSO

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AVAILABLE ON THE ORGANIZATION WEBSITE.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification numb
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONA	L EXPENSES:
DIAGNOSTIC TESTING:	
PROGRAM SERVICE EXPENSES	84,612.
ANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	84,612.
MEDICAL AND RESEARCH DATABASE:	
PROGRAM SERVICE EXPENSES	80,263.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	80,263.
MEDIA EXPENSE:	
PROGRAM SERVICE EXPENSES	71,638.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,638.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	16,267.
IANAGEMENT AND GENERAL EXPENSES	6,303.
UNDRAISING EXPENSES	15,586.
TOTAL EXPENSES	39 156
PRINTING:	
PROGRAM SERVICE EXPENSES	31,149.
IANAGEMENT AND GENERAL EXPENSES	787.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,936.
	51,550.
COMPUTER EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	21,517.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,517.
PATIENT HANDBOOKS:	
PROGRAM SERVICE EXPENSES	16,541.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,541.
ONLINE PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,491.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,491.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,006.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,006.

PROFESSIONAL DEVELOPMENT:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number $04 - 3460220$
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,511.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,511.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	359,671.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	
022212 00.06 10	lule () (Form 990 or 990-E7) (2019)

FORM 99	90 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Lii o N v	ne Unadjusted ^{5.} Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	EQUIPMENT													
1	EQUIPMENT	06/01/01	200DB	7.00	ну1'	2,781.				2,781.	2,781.		0.	2,781.
2	EQUIPMENT	09/30/11	200DB	5.00	ну1'	5,580.				5,580.	5,580.		٥.	5,580.
3	EQUIPMENT	06/29/12	200DB	5.00	ну1'	4,260.				4,260.	4,260.		0.	4,260.
4	EQUIPMENT	06/30/13	200DB	5.00	ну1'	5,969.				5,969.	5,969.		٥.	5,969.
5	EQUIPMENT	04/30/14	200DB	5.00	НУ1'	2,721.				2,721.	2,644.		77.	2,721.
6	EQUIPMENT	10/31/14	200DB	5.00	ну1'	3,500.				3,500.	2,983.		202.	3,185.
7	EQUIPMENT	06/30/15	200DB	5.00	ну1'	1,295.				1,295.	942.		149.	1,091.
8	EQUIPMENT	11/17/15	200DB	5.00	НУ1'	7 750.				750.	495.		86.	581.
9	EQUIPMENT	01/12/16	200DB	5.00	ну1'	1,395.				1,395.	993.		161.	1,154.
10	EQUIPMENT	08/10/16	200DB	5.00	ну1'	10,760.				10,760.	7,661.		1,240.	8,901.
23	EQUIPMENT	12/21/17	200DB	5.00	MQ1'	865.				865.	372.		197.	569.
26	HP COMPUTER	01/03/18	200DB	5.00	MQ1'	1,310.				1,310.	459.		341.	800.
27	COMPUTER EQUIPMENT	11/16/18	200DB	5.00	MQ1'	4,525.				4,525.	226.		1,720.	1,946.
28	LENOVO LAPTOP	12/23/18	200DB	5.00	MQ1'	1,859.				1,859.	93.		706.	799.
31	FREEZER	04/22/19	200DB	5.00	MQ1	9E 15,190.				15,190.			3,798.	3,798.
32	FREEZER	10/18/19	200DB	5.00	MQ1	9E 14,716.				14,716.			736.	736.
34	OFFICE COMPUTERS	12/31/19	200DB	5.00	MQ19	9E 7,582.				7,582.			379.	379.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 99	0 PAGE 10							990			-			_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - EQUIPMENT						85,058.				85,058.	35,458.		9,792.	45,250.
	LEASEHOLD IMPROVEMENTS														
12	LEASEHOLD IMPROVEMENTS	03/31/14	150DB	15.00	ну	17	7,132.				7,132.	2,485.		444.	2,929.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						7,132.				7,132.	2,485.		444.	2,929.
	PATENT														
13	FTI PATENT- LEGAL FEES	07/01/13		204M	НY	43	23,158.				23,158.	7,491.		1,362.	8,853.
14	PATENT LEGAL COSTS	07/01/14		192M	ну	43	7,443.				7,443.	2,092.		465.	2,557.
15	PATENT IN-KIND	07/01/14		192M	ну	43	42,188.				42,188.	11,866.		2,637.	14,503.
16	PATENT LEGAL COSTS	10/22/15		180M	ну	43	2,505.				2,505.	529.		167.	696.
17	PATENT IN-KIND	07/01/15		180M	ну	43	32,238.				32,238.	7,522.		2,149.	9,671.
21	PATENT LEGAL COSTS-209197	06/01/16		180M	ну	43	4,366.				4,366.	752.		291.	1,043.
22	PATENT LEGAL COSTS-286619	10/27/16		180M	ну	43	1,970.				1,970.	284.		131.	415.
29	PATENT - JMB BEN DAVIS	04/10/18		180M	HY	43	2,892.				2,892.	145.		193.	338.
30	PATENT - JMB BEN DAVIS	11/01/18		180M	ну	43	2,885.				2,885.	32.		192.	224.
	* 990 PAGE 10 TOTAL - PATENT						119,645.				119,645.	30,713.		7,587.	38,300.
24	WEBSITE DEVELOPMENT COSTS	04/01/17		36M	НY	43	3,000.				3,000.	1,750.		1,000.	2,750.
25	WEBSITE DEVELOPMENT COSTS	06/01/17		36M	НY	43	3,000.				3,000.	1,583.		1,000.	2,583.
33	WEBSITE DEVELOPMENT COSTS	05/01/19		36M	HY	42	9,568.				9,568.			2,126.	2,126.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - PATENT						15,568.				15,568.	3,333.		4,126.	7,459.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						227,403.				227,403.	71,989.		21,949.	93,938.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						180,347.			0.	180,347.	71,989.			86,899.
	ACQUISITIONS						47,056.			0.	47,056.	0.			7,039.
	DISPOSITIONS/RETIRED						Ο.			٥.	٥.	٥.			0.
	ENDING BALANCE						227,403.			0.	227,403.	71,989.			93,938.
	ENDING ACCUM DEPR											93,938.			
	ENDING BOOK VALUE											133,465.			
						1									
							1								

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization

(Including Information on Listed Property) 990 OMB No. 1545-0172 ſ 19 ZU

Attachment Sequence No. 179

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Nam	ne(s) shown on return			Busine	ss or act	tivity to wh	ich this form relates	;	Identifying number
PF	ROGERIA RESEARCH FOUN	DATION, II	NC.	FOR	м 9	90 P	AGE 10		04-3460220
P	art I Election To Expense Certain Proper	ty Under Section 179	Note: If yo	u have any lis	ted pr	operty,	complete Part	V before y	
1	Maximum amount (see instructions)								1,020,000.
	Total cost of section 179 property place		,						
3	Threshold cost of section 179 property	before reduction in	limitation						2,550,000.
4	Reduction in limitation. Subtract line 3 f								
5	Dollar limitation for tax year. Subtract line 4 from line		. If married filing					5	
6	(a) Description of pro	perty		(b) Cost (busine	ess use o	only)	(c) Elected	cost	
_									
	Listed property. Enter the amount from					7			
	Total elected cost of section 179 proper								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sr Section 179 expense deduction. Add lir		•					11	
	Carryover of disallowed deduction to 20					13		12	
	te: Don't use Part II or Part III below for I					13			
_	art II Special Depreciation Allowar	,	· · ·		e lister	nroper	tv)		
14	Special depreciation allowance for qual				7				
	the tax year						•	14	
15	Property subject to section 168(f)(1) ele								
	Other depreciation (including ACRS)							16	
	art III MACRS Depreciation (Don't								
	•		Se	ction A					
17	MACRS deductions for assets placed ir	n service in tax year	rs beginning	g before 2019				17	5,323.
18	If you are electing to group any assets placed in service	ce during the tax year into	one or more ge	eneral asset accour	nts, chec	ck here	>		
	Section B - Assets		During 20	19 Tax Year U	lsing t	the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/in	r depreciation vestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	a 3-year property								
k	b 5-year property			37,488.	5	YRS.	MQ	200DB	4,913.
	c 7-year property								
	d 10-year property								
	e 15-year property								
f	f 20-year property								
_ (g 25-year property				2	5 yrs.		S/L	
	h Residential rental property	/			27	'.5 yrs.	MM	S/L	
_		/			27	'.5 yrs.	MM	S/L	
i	i Nonresidential real property	/			3	9 yrs.	MM	S/L	
_	· · · ·	/					MM	S/L	
	Section C - Assets P	laced in Service D	ouring 2019	Tax Year Us	ing th	e Alterr	ative Depreci		tem
20;								S/L	
	b 12-year					2 yrs.		S/L	
	c 30-year	/				0 yrs. 0 yrs.	MM	S/L	
						1 I V/rs	I MM	S/L	1
	d 40-year	/			4	0 yr3.		0, 1	I
	art IV Summary (See instructions.)				4	o yis.	1	1	
21	art IV Summary (See instructions.) Listed property. Enter amount from line	28		in column (c)				21	
21	Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	28 14 through 17, lines			, and l	ine 21.		21	10 236
21 22	art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	28 14 through 17, lines of your return. Parl	nerships ar	nd S corporation	, and l	ine 21.		1	10,236.
21 22	Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	28 14 through 17, lines of your return. Part service during the c	nerships ar	nd S corporation	, and l	ine 21.		21	10,236.

For	rm 4562 (2019)	PRO	GERIA R	ESEARCH	FO	JNDA'	TION	٦,	INC.			04-	3460	220	Page 2
Pa	art V Listed Proper entertainment,	ty (Include a	utomobiles, ce or amusement	ertain other vel	nicles,	certain a	aircraft	, and	d property	used for					
	Note: For any	vehicle for w	hich you are u	sing the stand						e expense	e, comp	lete on	ly 24a,		
	24b, columns									•			•		
		-	on and Other	•						· · ·					
<u>24a</u>	Do you have evidence to s	1	1	nt use claimed?		Yes		No	24b If "Y	r ´		nce writt	en?	_ Yes	<u>No</u>
	(a)	(b) Date	(c) Business/	(d)		Basis for	(e) deprecia	tion	(f)	(9			h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	other ha		(business	s/investm		Recovery period	Meth Conve			ciation uction		on 179
		service	use percenta	ge	313	us	e only)		ponou					C	ost
25	Special depreciation allo	owance for q	ualified listed	property place	ed in se	rvice du	iring th	e ta	x year and	1					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that	n 50% in a q	ualified busine	ss use:											
		: :	(%											
		: :	C	%											
		: :	(%											
27	Property used 50% or le	ess in a quali	fied business (use:											
		: :		%						S/L -					
		: :		%						S/L -				1	
		: :	0	%						S/L -				1	
28	Add amounts in column	(h). lines 25	through 27. E	nter here and	on line	21. pag	e 1				28				
	Add amounts in column												29		
<u>LJ</u>		(I), III O 20. E		Section B - Inf						<u></u>			20		
Cor	mplete this section for ve	hicles used								rolatod r	arson	lf vou pr	ovided v	ohiclos	
	our employees, first ans									•				en noies	
10 y	our employees, mst ans	wei the ques		on C to see in y	oume	et all ex	ceptio	110	completin	ig tills set			enicies.		
				(0)		(b)			(0)	(4	<u>،</u>		<u>م</u>		£)
20	Total husinggo/invostment	milaa drivan d	uring the	(a) Vehicle		(b)			(c) 'ehicle	(d	-	-	e) violo		f) nicle
30	Total business/investment		•	Venicle		Vehicle		V	EIIICIE	Vehi	UIE	VEI	nicle	Vei	
~	year (don't include commu														
	Total commuting miles	-	• • • • • • • • • • • • • • • • • • • •												
32	Total other personal (no	ncommuting	i) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes No) Y	es l	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?								_						
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa	ble for perso	onal												
	use?	<u></u>													
		Section C	- Questions f	or Employers	Who I	Provide	Vehic	les f	or Use by	Their Er	nploye	es			
Ans	swer these questions to o	determine if y	you meet an e	ception to co	mpletir	ng Secti	on B fo	or ve	hicles use	d by emp	loyees	who a	ren't		
mo	re than 5% owners or rel	ated persons	3.												
37	Do you maintain a writte	en policy stat	tement that pr	ohibits all pers	onal u	se of vel	nicles,	inclu	uding com	imuting, t	by your			Yes	No
	employees?								-	-					
38	Do you maintain a writte										ur				
	employees? See the ins		-	-				-							
39	Do you treat all use of v														
	Do you provide more th	,													
	the use of the vehicles,														
41	Do you meet the require														1
	Note: If your answer to														
P	art VI Amortization	57, 50, 55, 4	5,017113 IC		00100	SOCIONE									
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs	Date	amortization	Amo	rtizable			Code		Amortiza		Ar	nortization	
	Amortization of anato the	ot booins al		begins	an	nount			section	p	eriod or per	centage	fC	r this year	
	Amortization of costs th					0 5	60			<u> </u>	2614	<u> </u>		<u> </u>	196
	EBSITE DEVELO	сысил.	CO 8 1 8 0 5	0112		9,5	00.				36M	·		۷,	126.
	• • • •														E 0 7
	Amortization of costs th											43			587.
-	Total. Add amounts in o	column (f). Se	ee the instruct	ions for where	to rep	ort						44			713.
9162	252 12-12-19												F	orm 456	2 (2019)

916252	12-12-19

⁵⁶ 2019.04020 PROGERIA RESEARCH FOUNDAT 2596.011

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	separate	application	for e	each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see inst	ructions.		Taxpayer	ridentification	n number (TIN)
print					04 244	
File by the	PROGERIA RESEARCH FOUNDATI				04-346	50220
due date f filing your return. See	P.O. BOX 3453	, see instruct	lions.			
instruction		foreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
 If the If thi box 1 the the 2 If 1 	the tax year entered in line 1 is for less than 12 months,	it Group Exe and atta NOVEI rganization's , an , check reaso	mption Number (GEN), I <u>ch a list with the names and TINs of</u> <u>MBER 16, 2020</u> , to file return for: d ending on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069, e	enter the tentative tax, less	3a	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and			-
e	stimated tax payments made. Include any prior year ove	rpayment all	owed as a credit.	3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your	payment witl	h this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). S	ee instructio	ns.	3c	\$	0.
Caution instruct	If you are going to make an electronic funds withdraw ions.	al (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form 8	868 (Rev. 1-2020)

923841 12-30-19

- CURRENT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	EQUIPMENT											
1	EQUIPMENT	060101	200DB	7.00	17	2,781.			2,781.	2,781.		0.
2	EQUIPMENT	093011	200DB	5.00	17	5,580.			5,580.	5,580.		0.
3	EQUIPMENT	062912	200DB	5.00	17	4,260.			4,260.	4,260.		0.
4	EQUIPMENT	063013	200DB	5.00	17	5,969.			5,969.	5,969.		0.
5	EQUIPMENT	043014	200DB	5.00	17	2,721.			2,721.	2,644.		77.
6	EQUIPMENT	103114	200DB	5.00	17	3,500.			3,500.	2,983.		202.
7	EQUIPMENT	063015	200DB	5.00	17	1,295.			1,295.	942.		149.
8	EQUIPMENT	111715	200DB	5.00	17	750.			750.	495.		86.
9	EQUIPMENT	011216	200DB	5.00	17	1,395.			1,395.	993.		161.
10	EQUIPMENT	081016	200DB	5.00	17	10,760.			10,760.	7,661.		1,240.
23	EQUIPMENT	122117	200DB	5.00	17	865.			865.	372.		197.
26	HP COMPUTER	010318	200DB	5.00	17	1,310.			1,310.	459.		341.
27	COMPUTER EQUIPMENT	111618	200DB	5.00	17	4,525.			4,525.	226.		1,720.
28	LENOVO LAPTOP	122318	200DB	5.00	17	1,859.			1,859.	93.		706.
31	FREEZER	042219	200DB	5.00	19B	15,190.			15,190.			3,798.
32	FREEZER	101819	200DB	5.00	19в	14,716.			14,716.			736.
34	OFFICE COMPUTERS	123119	200DB	5.00	19в	7,582.			7,582.			379.

928102 04-01-19

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - EQUIPMENT						85,058.		0.	85,058.	35,458.		9,792.
	LEASEHOLD						,						
	IMPROVEMENTS LEASEHOLD												
12	IMPROVEMENTS	0331	ιþ4	150DB	15.00	17	7,132.			7,132.	2,485.		444.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVE						7,132.		0.	7,132.	2,485.		444.
			Г				,,			,,	2,2001		
	PATENT FTI PATENT- LEGAL												
13		0701	113		204M	43	23,158.			23,158.	7,491.		1,362.
14	PATENT LEGAL COSTS	0701	114		192M	43	7,443.			7,443.	2,092.		465.
15	PATENT IN-KIND	0701	L11 4		192M	43	42,188.			42,188.	11,866.		2,637.
16	PATENT LEGAL COSTS	1022	215		180M	43	2,505.			2,505.	529.		167.
17	PATENT IN-KIND	0701	115		180M	43	32,238.			32,238.	7,522.		2,149.
	PATENT LEGAL					4.2				4 966			0.01
21	COSTS-209197 PATENT LEGAL	0601	LH 6		180M	43	4,366.			4,366.	752.		291.
	COSTS-286619	1027	716		180M	43	1,970.			1,970.	284.		131.
	PATENT - JMB BEN DAVIS	0410) 1 8		180M	43	2,892.			2,892.	145.		193.
	PATENT - JMB BEN												
30		1101	L 18		180M	43	2,885.			2,885.	32.		192.
	* 990 PAGE 10 TOTAL - PATENT						119,645.		0.	119,645.	30,713.		7,587.
24	WEBSITE DEVELOPMENT COSTS	0401	1 h 7		36M	43	3,000.			3,000.	1,750.		1,000.
24	WEBSITE DEVELOPMENT	0401	LTT /		JON	τJ	5,000.			5,000.	I,/5U.		I,000.
25	COSTS	0601	ι 1 7		36M	43	3,000.			3,000.	1,583.		1,000.
33	WEBSITE DEVELOPMENT COSTS	0501	119		36M	42	9,568.			9,568.			2,126.

928102 04-01-19

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	D: Acq	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - PATENT						15,568.		0.	15,568.	3,333.		4,126.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						227,403.		0.				21,949.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						180,347.		0.	180,347.	71,989.		
	ACQUISITIONS						47,056.		0.	47,056.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						227,403.		0.	227,403.	71,989.		

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	EQUIPMENT								
1	EQUIPMENT	060101			2,781.		2,781.		0.
2	EQUIPMENT	093011			5,580.		5,580.	5,580.	0.
	EQUIPMENT	062912			4,260.		4,260.		0.
	EQUIPMENT	063013			5,969.		5,969.		0.
	EQUIPMENT	043014	200DB	5.00	2,721.		2,721.		0.
	EQUIPMENT	103114	200DB	5.00	3,500.		3,500.	3,185.	0.
	EQUIPMENT	063015			1,295.		1,295.		75.
	EQUIPMENT	111715	200DB	5.00	750.		750.	581.	43.
	EQUIPMENT	011216			1,395.		1,395.		
	EQUIPMENT	081016			10,760.		10,760.	8,901.	
	EQUIPMENT	122117			865.		865.	569.	118.
	HP COMPUTER	010318			1,310.		1,310.	800.	204.
	COMPUTER EQUIPMENT	111618			4,525.		4,525.		
	LENOVO LAPTOP	122318			1,859.		1,859.	799.	424.
	FREEZER	042219	200DB	5.00	15,190.		15,190.		
-	FREEZER	101819			14,716.		14,716.	736.	
		123119	200DB	5.00	7,582.		7,582.		
	* 990 PAGE 10 TOTAL - EQUIPMENT				85,058.		85,058.	45,250.	16,327.
	LEASEHOLD IMPROVEMENTS								
	LEASEHOLD IMPROVEMENTS	033114	150DB	15.00	7,132.		7,132.	2,929.	421.
	* 990 PAGE 10 TOTAL - LEASEHOLD								
	IMPROVEMENTS				7,132.		7,132.	2,929.	421.
	PATENT								
13	FTI PATENT- LEGAL FEES	070113		204M	23,158.		23,158.	8,853.	1,362.
14	PATENT LEGAL COSTS	070114		192M	7,443.		7,443.	2,557.	
15	PATENT IN-KIND	070114		192M	42,188.		42,188.	14,503.	2,637.
16	PATENT LEGAL COSTS	102215		180M	2,505.		2,505.		
	PATENT IN-KIND	070115		180M	32,238.		32,238.	9,671.	
21	PATENT LEGAL COSTS-209197	060116		180M	4,366.		4,366.	1,043.	291.
22	PATENT LEGAL COSTS-286619	102716		180M	1,970.		1,970.	415.	131.
	PATENT - JMB BEN DAVIS	041018		180M	2,892.		2,892.		193.
	PATENT - JMB BEN DAVIS	110118		180M	2,885.		2,885.	224.	192.
	* 990 PAGE 10 TOTAL - PATENT				119,645.		119,645.	38,300.	7,587.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Acq	ate Juired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
24	WEBSITE DEVELOPMENT COSTS	040)117		36M	3,000		3,000.	2,750.	250.
	WEBSITE DEVELOPMENT COSTS	060)117)117)119		36M	3,000		3,000.	2,583.	417.
33	WEBSITE DEVELOPMENT COSTS	050)119		36M	9,568		9,568.	2,126.	3,189.
	* 990 PAGE 10 TOTAL - PATENT					15,568		15,568.	7,459.	3,856.
	* GRAND TOTAL 990 PAGE 10 DEPR &									
	AMORT					227,403		227,403.	93,938.	28,191.
								_	_	-
		4	_							
					•					

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone