EXTENDED TO NOVEMBER 15, 2021

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.

Department of the Treasury Internal Revenue Service

Open to Public

OMB No. 1545-0047

Α	For the	2020 calendar year, or tax year beginning and	ending		
	Check if applicable	C Name of organization		D Employer identific	ation number
	Address	PROGERIA RESEARCH FOUNDATION, INC.			
Ļ	Name change Initial	Doing business as		04-346022	20
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 3453	Room/suite	E Telephone number 978535259	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,289,906.
	Amendo return	PEABODI, MA 01901-3455		H(a) Is this a group ref	turn
	Applica tion	F Name and address of principal officer: ADDRE1 GORDON, ESQ		for subordinates?	Yes X No
	pending	ZUU LAKE STREET, PEABODY, MA U1960		H(b) Are all subordinates inc	cluded? Yes No
		mpt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$	or 527	If "No," attach a l	ist. See instructions
		e: ▶ WWW.PROGERIARESEARCH.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1999 M	State of legal domicile: MA
_	1 [Briefly describe the organization's mission or most significant activities: DISC	OVE I	REATMENTS &	CURE FOR
Governance]	PROGERIA & ITS AGING-RELATED DISORDERS, I		ING HEART DIS	SEASE.
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of re	than 25% of its net asse	ets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8
		Number of independent voting members of the governing body (Part VI_line 1b)		4	8
Ses	5 7	otal number of individuals employed in calendar year 2020 (Part V 🔞 ८०, 🔝 👑		5	12
ΞĚ	6 7	Total number of volunteers (estimate if necessary)		6	25
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), lin. 2			0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, III 11	·····	7b	0.
			_	Prior Year	Current Year
9	8 (Contributions and grants (Part VIII, line 1h)		4,778,810.	2,070,442.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	122 025
Be.	10	nvestment income (Part VIII, column (A), lines 3 , and 7d)		102,997.	123,025.
	ן וו (Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 11		164,981. 5,046,788.	16,073.
_		Total revenue - add lines 8 through 11 aquai + VIII, colum (A), line 12		112,784.	2,209,540.
		Grants and similar amounts paid /rt IX, column (A),		0.	0.
		Benefits paid to or for members art IX, column (A\ line 4)		708,375.	719,978.
Expenses	15 5	Salaries, other compensation, e loyee benefits (F : IX, column (A), lines 5-10)		0.	0.
ens	loa r	Professional fundraising fees (Pa, ✓, column (A), li 11e)		0.	
Ř	17 (Other expenses (Part IX, column (A), line 11f-24e)		1,825,325.	1,502,480.
	'' \	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,646,484.	2,619,939.
		Revenue less expenses. Subtract line 18 from line 12		2,400,304.	-410,399.
		tevenue less expenses. Oubtract line 10 from line 12	Be	eginning of Current Year	End of Year
Assets or	20 ☐	otal assets (Part X, line 16)		7,451,058.	6,950,071.
Assi	21	otal desete (t drt x, iiile 16) Total liabilities (Part X, line 26)		508,615.	418,027.
Net	_	Net assets or fund balances. Subtract line 21 from line 20		6,942,443.	6,532,044.
_	art II	Signature Block			, , , , , , , , , , , , , , , , , , , ,
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
		<u> </u>			
Sig	jn	Signature of officer		Date	
He		AUDREY GORDON, ESQ, PRESIDENT, EXECUTI	VE DI	RECTOR	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d L	MARCI J. COHEN MARCI J. COHEN		L0/19/21 self-employe	
Pre	· -	Firm's name LITMANGERSON ASSOCIATES, LLP		Firm's EIN ▶ (04-2694095
Use	Only	Firm's address > 500 W. CUMMINGS PARK, SUITE 5650)		
		WOBURN, MA 01801		Phone no. 781	L-569-4700
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	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.
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. (Code:) (Expenses \$ 397,481. including grants of \$ 397,481.) (Revenue \$
4a	(Code:) (Expenses \$397,481. including grants of \$397,481.) (Revenue \$
	MILLION THROUGH PEER REVIEW BY OUR VOLUNTEER MEDICAL RESEARCH
	COMMITTEE. AWARDS OF UP TO \$75,000 PER YEAR, 1 R UP TO TWO YEARS, HAVE
	ALLOWED INNOVATIVE NEW RESEARCH IN PROGERIA TO THRIVE.
	ADDOWED IMMOVATIVE NEW RESEARCH IN TROGERIA TO
4b	(Code:) (Expenses \$ 452,704 including \$ of \$) (Revenue \$
	PROGERIA DRUG TRIAL: THE PY GERIA & SEAK H FOUNDATION AND BOSTON
	CHILDREN'S HOSPITAL CONTIN E THEIR F RTNERSHIP FOR CONDUCTING CLINICAL
	DRUG TRIALS FOR CHILDREN W. 'H PROGER A.
	THE CLINICAL TRIAL AM: A TE. PROFESSIONALS AT BOSTON CHILDREN'S
	HOSPITAL AND BRIGH 1 & WOMEN'S HOSPITAL IS WORKING WITH CHILDREN WITH
	PROGERIA FROM AROU D THE GLO E. MEMBERS OF THE TEAM HAVE EXPERTISE NOT
	ONLY IN PROGERIA, 1 T ALSO J THE DRUGS ADMINISTERED IN THE TRIALS.
	(SEE SCHEDULE O FOR CO. JATION)
4c	(Code:) (Expenses \$ 87 , 354 • 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.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 1,187,946 • including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,125,485.

12511019 134305 2596.01

Form 990 (2020)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		122
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricte andowments			.
	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 Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equip in Part, in Par		7.7	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securitive Province, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Sche	11b	X	
С	Did the organization report an amount for investments ogram to d in F X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete chedule D, Par. 1	11c		X
d	Did the organization report an amount for other asso in Part X, line 15 at is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part I.	11d		X
е	Did the organization report an amount for abilitic Part X, line 3? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or cor pudated financial sugar include a footnote that addresses			
	the organization's liability for uncert: tax positions unc'er FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate independent audit if financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in conso, and, inder dent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	L
		_		_

Form 990 (2020) PROGERIA RESEARCH
Part IV Checklist of Required Schedules (continued) PROGERIA RESEARCH FOUNDATION, INC.

	·		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		<u> X</u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 900-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payates to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Some # II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, direct rustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant contributor or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of the persons? "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of following ries (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exception			
а	A current or former officer, director, trustee, key employee			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 2 ? If "Yes," con, te Schoule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals a /or organizations scribed in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$^ in non h contribution s? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contribut is of art, historical, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Sc edule M	30		X
31	Did the organization liquidate, termi e, or dissolve an ease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, cose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity of a separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	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			
20	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	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
00000	(gambling) winnings to prize winners?	1c	990	(2020)
U32UU4	4 12-23-20	LOHII	555	(CUZU)

Form 990 (2020) PROGERIA RESEARCH FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or service.	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay amiums or personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly or indirec	7f		X
g	If the organization received a contribution of qualified intellection of propert, and the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boa' airplanes, other cles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advi d funds. Did a nor ao ed fund maintained by the	_		
_	sponsoring organization have excess business hold so at any time dure the year?	8		
9	Sponsoring organizations maintaining donor advived funds.			
а	Did the sponsoring organization make an distribution sunder ction 4966?	9a		
b	Did the sponsoring organization make distribution to a ocara advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Et er:			
a	Initiation fees and capital contribution included on Pai III, line 12 III, line 12 III, line 12 III III III III III III III III III			
b		1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Eorm	990	(2020)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) m bers, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, South who cannot be a shed at the			
·	organization's mailing address? If "Yes," provide the names and address on Sc dule O	9		х
Sec	tion B. Policies (This Section B requests information about policy of the Internal Revenue Code.)			
	(This dection B requests information about point that required the internal nevertice dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affilia	10a	X	
	If "Yes," did the organization have written policies and scedures erning activities of such chapters, affiliates,			
	and branches to ensure their operations are consiste with the organ. 'ion's e. inpt purposes?	10b	Х	
11a	Has the organization provided a complete copy of tl Form 990 to all r nbers of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by organization to view this Form 990.			
	Did the organization have a written conflict prest v? If "No." to line 13	12a	Х	
	Were officers, directors, or trustees, and ky smployees required to summally interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written w *leblower polic*	13	Х	
14	Did the organization have a written document retenting and destruction policy?	14	X	
15	Did the process for determining compensation, the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA, NY, CA, KY, MD, PA, RI, OH, MS	,IL.	NJ.	MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)			
	for public inspection. Indicate how you made these available. Check all that apply.	y)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	ial	
.5	statements available to the public during the tax year.	ICI I	,.ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 9785352594			
	P.O. BOX 3453, PEABODY, MA 01961-3453			
	GEF SCHEDULE O FOR FULL LIST OF STATES	F	990	(2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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		orga T	niza			nper	sate			(=)	
(A)	(B)			Pos	C)	1		(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	n an	compensation	compensation	amount of	
	week	_	_		I	T	100)	om	from related	other	
	(list any	recto						ne	organizations	compensation	
	hours for	or di	, e			ated		orga zation	(W-2/1099-MISC)	from the	
	related	ıstee	trust		e e	bens		I (W-2/1(→ MISC)		organization	
	organizations	altn	onal		employee	st compensated				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	ν em					organizations	
(1) AUDREY GORDON	40.00	=	-	0		- 5					
PRESIDENT							7	139,808.	0.	26,371	
(2) SCOTT BERNS	1.00									•	
DIRECTOR		y		_		ľK	$oxed{oxed}$	0.	0.	0.	
(3) PAULA KELLY	1.0	4									
TREASURER/DIRECTOR		Х		X				0.	0.	0.	
(4) KAREN BALLACK	1. 0	٠,							,	0	
DIRECTOR (5) SANDRA BRESNICK	1.0	X			+	\vdash		0.	0.	0.	
DIRECTOR	1.0							0.	0.	0 .	
(6) KIM PARATORE	1.00							0.	0.	0.	
DIRECTOR		х						0.	0.	0.	
(7) JOHN MAROZZI	1.0								-	_	
DIRECTOR		X						0.	0.	0.	
(8) LARRY MILLS	.00							_	_	_	
DIRECTOR	1 00	X				-		0.	0.	0.	
(9) LIZA MORRIS DIRECTOR	1.00	x						0.	0.	0.	
(10) BARBARA GORDON	1.00	^				 		0.	0.	0.	
CLERK	1.00			Х				0.	0.	0.	
										•	
						-					
		1									
		1				1					
		1									
						_					
		4									
-										F 000 (222	

Form 990 (2020) PROGERIA	RESEARC	H	FO	UNI	CAC	rio	N, INC.	04-34	602	20 ı	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and l	High	hest (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not cl	(C) Positi heck mo ss perso nd a dire	ion ore th on is l	both ar	compensation	(E) Reportable compensation from related	ı	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO		from to organization organizati	he ation ated
									1		
		_			+				+		
									\perp		
		-					$\vdash \vdash$		_		
		-			+	¥					
					1						
1b Subtotal						(139,808.		0.	26,3	371.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	II, Section	· · · · · · · · · · · · · · · · · · ·			\		0. 139,808.		0.	26,3	0.
Total number of individuals (including but compensation from the organization	not limited th	ose	liste	d abo		who	received more than \$100	,000 of reportable		Yes	1 s No
line 1a? If "Yes," complete Schedule for	such individu	·					ghest compensated emp			3	Х
 4 For any individual listed on line 1a, is and related organizations greater than 5 5 Did any person listed on line 1a receive or 	`000? If JS,	" co	mple	ete Sc	chea	dule J	for such individual			4	Х
rendered to the organization? <i>If</i> "Yes," co. Section B. Independent Contractors	mplete Schedul	e J fo	or su	ıch pe	erso	n			<u> </u>	5	X
Complete this table for your five highest c the organization. Report compensation for									 ensatio	on from	
(A) Name and busines	s address	NC	ONE	€			(B) Description of	services	Cor	(C) mpensati	on
2 Total number of independent contractors		ot lin	nited	d to th	nose	liste	d above) who received m	ore than			
\$100,000 of compensation from the organ	ization -				<u> </u>				F,	orm 990	(2020)

Statement of Reven	ue
--------------------	----

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
<u>ა</u> ა	1 8	Federated campaigns 1a					
au nu		Membership dues 1b					
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts			475,022.				
ifts Ir A		Related organizations 1d	•				
ons, Gi Simila		Government grants (contributions)	149,814.				
Sir	1	All other contributions, gifts, grants, and					
e E	•		445,606.				
Ęŏ		Noncash contributions included in lines 1a-1f	70,876.				
Sol	i	Total. Add lines 1a-1f		2,070,442.			
			Business Code				
σ.	2 8	1					
ķ	- 1						
Ser	·				A		
E S							
gra Re	Ì						
Pro	Ì	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	3	other similar amounts)		ر کے ۱25۰			123,025.
	4	Income from investment of tax-exempt bond p		23 231			12370231
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6	Gross rents 6a	(1) 1 0.001.12.				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	′ ′	assets other than inventory 7a	(1) 0 11.10.				
		Less: cost or other basis					
Φ		and sales expenses 7b					
her Revenue		Gain or (loss)					
eve		Net gain or (loss)					
严		Gross income from fundraising events	<u></u>				
Oţţ	0 0	including \$ 475,022.					
		contributions reported on line 1c). See					
			96,439.				
			80,366.				
		Net income or (loss) from fundraising events	>	16,073.			16,073.
		Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	.				
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 :						
nec Tue							
ella							
Miscellaneous Revenue	Ì	All other revenue					
Σ	Ì	• Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions		2,209,540.	0.	0.	139,098.
							Form 990 (2020)

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	75,000.	75,000.		
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	322,481.	322,481.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166 150	100 016	04 005	22 026
	trustees, and key employees	166,179.	108,016.	24,927.	33,236.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45.6 000	060 0	142 065	
7	Other salaries and wages	476,223.	262,0 5.	143,965.	70,233.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	12 200	07	1 771	2 540
9	Other employee benefits	13,390. 64,186.	•	1,771. 17,742.	3,542. 9,966.
10	Payroll taxes	64,186.	36,4/	17,742.	9,966.
11	Fees for services (nonemployees):	1			
a	Management	11,7 5.	6,765.	4,950.	
b	•	35,86	0,703.	35,860.	
	Accounting	33,000		33,800.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, F				
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.)	11,548	2,441.	9,107.	
12	Advertising and promotion	11,510	2, 4410	5,1076	
13	Office expenses			13,872.	
14	Information technology			2370721	
15	Royalties				
16	Occupancy	52,200.	10,440.	41,760.	
17	Troval	3,550.	1,286.	977.	1,287.
18	Payments of travel or entertainment expenses	9,0001		2	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,308.	11,452.	16,856.	
23	Insurance	6,432.	•	6,432.	
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.)				
а	DRUG TRIAL	452,704.	452,704.		
b	RESEARCH ACTIVITIES	374,521.	374,521.		
С	FUTURE TRIAL EFFORTS	87,354.	87,354.		
d	CELL AND TISSUE BANK	85,066.	85,066.		
е	All other expenses SEE SCH O	339,350.	281,379.	43,125.	14,846.
25	Total functional expenses. Add lines 1 through 24e	2,619,939.	2,125,485.	361,344.	133,110.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Part A	Balance Sheet					
	Check if Schedule O contains a response or note to	to any	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	6,609,595.	2	6,232,967		
3	Pledges and grants receivable, net			151,293.	3	36,533
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or fo	officer, director,				
	trustee, key employee, creator or founder, substan	ontributor, or 35%				
	controlled entity or family member of any of these	perso	ons		5	
6	Loans and other receivables from other disqualified	d per	sons (as defined			
	under section 4958(f)(1)), and persons described in				6	
<u>ဖ</u> 7	Notes and loans receivable, net		l l		7	
Assets	Inventories for sale or use				8	
9 ک	Prepaid expenses and deferred charges			42,569.	9	41,620
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		94,340.			
b	Less: accumulated depreciation		65,035.	44,011.	10c	29,305
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 11			511,136.	12	528,259
13	Investments - program-related. See Part IV, line 11				13	
14	Intangible assets		89,454.	14	78,387	
15	Other assets. See Part IV, line 11		3,000.	15	3,000	
16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	7,451,058.	16	6,950,071
17	Accounts payable and accrued expenses		481,162.	17	289,827	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete a	rt IV d	of Schec D		21	
တ္ထု 22	Loans and other payables to any current or fo	offic	er, directo			
≝	trustee, key employee, creator or founder, sub	rtial c	ontributor r 35%			
Liabilities	controlled entity or family member f thes	rsc	ons		22	
- 23	Secured mortgages and notes rapid to unrelate				23	100 000
24	Unsecured notes and loans prable to unrelated	hird p	arties		24	128,200
25	Other liabilities (including fede income tax, pay					
	parties, and other liabilities not luded on lines	-24).	Complete Part X	05 450		
	of Schedule D			27,453.		0.
26				508,615.	26	418,027
,	Organizations that follow FASB ASC 958, check	here	· N X			
Š	and complete lines 27, 28, 32, and 33.			C 010 047		C 500 544
<u><u><u></u></u> 27</u>				6,919,947.	27	6,529,544.
<u>m</u> 28	Net assets with donor restrictions			22,496.	28	2,500.
<u> </u>	Organizations that do not follow FASB ASC 958	, che	ck here 🕨 📖			
느	and complete lines 29 through 33.					
၌ 29	Capital stock or trust principal, or current funds			29		
8 30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances 27 28 29 31 32 32	Retained earnings, endowment, accumulated inco			6 040 440	31	6 E20 044
	Total net assets or fund balances		l l	6,942,443.	32	6,532,044
33	Total liabilities and net assets/fund balances			7,451,058.	33	6,950,071

Pa	t 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		,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,61	9,9	39.
3	Revenue less expenses. Subtract line 2 from line 1	3		-41	0,3	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,94	2,4	43.
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	,53	2,0	44.
Pa	t 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 Officer					
	If the organization changed its method of accounting from a prior year or checked "Other," plain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent acco tant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cc oiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate sis					
b	Were the organization's financial statements audited by an independent count?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statement of for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both colir of and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a common that ass as responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and so ction of a dependit accountant?			2c	X	
	If the organization changed either its oversight processor or selection processes during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization quired to undergo audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo thed audaudits? If + organization did not undergo the requir	ed auc	lit			
	or audits, explain why on Schedule O didescribe any ste, undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PROGERIA RESEARCH FOUNDATION, INC. Employer identification number 04 - 3460220

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	•		•	•)(A)(i).		
2	一	A school described in sect i	•				X X7		
3	一	A hospital or a cooperative		•			i).		
4	H	A medical research organization						the hospital's name	
•		city, and state:	anon operated in co.	, a o a o a o a o a o a o a o a o a o		55546	• (5)(•)(•)(). =•	ine neophare maine,	
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe	ad in	
J		section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit describe	SG III	
6				antal unit described in	aaalian 17	70/6\/4\/8\/	(.A		
6	X	A federal, state, or local gov							
′	Δ	An organization that norma	•	itiai part of its support ii	om a gove	ernmentai t	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C		47/47/ 12 /0 / 1 / 12		4			
8	Н	A community trust describe			•				
9		An agricultural research org					-	•	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name ity,	, and state of the college	e or	
		university:							
10		An organization that norma							
		activities related to its exem							
		income and unrelated busing	ness taxable income	(less section 51 ax) fro	om b nes	ses acquir	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	•						
11	Щ	An organization organized a							
12		An organization organized a	and operated exclusi	vely for thenefit c	perform tl	ne functior	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d section (a)(1)	ection :	509(a)(2).	See section 509(a)(3). (Check the box in	
	_	lines 12a through 12d that	describes the type o	upporting orga. ation	n a com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated,	pervised, or contract	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to re	arly appoint or eart a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must o	complete , Se	c. `s A and B.					
b		Type II. A supporting org	aniza' ,1 supervised	or co. connect	tion with its	s supporte	d organization(s), by hav	ving	
		control or management o	f the upporting orga	ani-ation vested in the sa	ame perso	ns that cor	ntrol or manage the supp	ported	
		organization(s). You mus	t cc plete Part IV,	Se ions A and C.					
С		Type III functionally inte	grat A supporting	g / janization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (set tructions)	/ou must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	r integrateo	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			L (iv) lo the ergs	unization listed		T	
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota								I	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3121557.	2100210.	2837553.	4943791.	2086515.	15089626.
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	3121557.	2100210.	2837553.	4943791.	2086515.	15089626.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3579309.
	Public support. Subtract line 5 from line 4.						11510317.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 18	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3121557.	21002	28 ² 553.	4943791.	2086515.	15089626.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	/					
	and income from similar sources	50,942	47,07.	4 164.	102,997.	123,025.	371,205.
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						15460831.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organızs fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
<u> </u>	organization, check this box and stop						>
	ction C. Computation of Publi		_	. (3)			74 45
	Public support percentage for 2020 (I			* * * * * * * * * * * * * * * * * * * *		14	74.45 %
	Public support percentage from 2019					15	74.54 %
168	33 1/3% support test - 2020. If the c	-					▶ 🔻
	stop here. The organization qualifies		•				
r	33 1/3% support test - 2019. If the contract the second state of t						▶ □
47-	and stop here. The organization qual	•			10 160 0 160 0		
1/2	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	ū	▶ □
	meets the facts-and-circumstances te	-			-	Zo and line 15 in	
r	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circu		-		• • •		
ΙŎ	Private foundation. If the organization	ni did fiot check a i	DOX OF THE 13, 168	a, 100, 17a, 0r 17b			S

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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				4		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				+1		<u> </u>
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b		+				
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2016	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(I) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				1		
11 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.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third, f	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
check this box and stop here	•		•	•		·
Section C. Computation of Publ						
15 Public support percentage for 2020	(line 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	020 (line 10c, colu	mn (f), divided by lin	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the	e organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	nization qualifies	as a publicly suppo	orted organization	▶∐
20 Private foundation If the organizati	on did not chack a	box on line 14, 10	or 10h chock t	his how and soo ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure. The use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and "scretion despite being controlled or supervised by or in connection with its suppose or in connection."
- c Did the organization support any foreign supported organization that ses not hat an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in F VI what consists the organization used to ensure that all support to the foreign supported organization was use the ensure that all support to the foreign supported organization was use the ensure that all support to the foreign supported organization was use the ensure that all support to the foreign supported organization was use the ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure that all support to the foreign supported organization was used to ensure the ensure that all support to the foreign supported organization was used to ensure the ensure that all support to the ensure that all support to the foreign supported organization was used to ensure the ensure that all support to the ensure that all supports the ensure that all supports the ensure that
- 5a Did the organization add, substitute, or remove any substitute, or remove any substitute, or remove any substitute, or remove any substitute, or remove at a single the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, prededetail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers of the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added, substitute, or removed at a detail in Pausumbers or the supported organizations added at a detail in Pausumbers or the supported organizations added at a detail in Pausumbers or the supported organizations added at a detail in Pausumbers or the supported organ
- **b Type I or Type II only.** Was any adde or substituted supplication part of a class already designated in the organization's orgozing document?
- c Substitutions only. Was the substitution the result of a event beyond the organization's control?
- 6 Did the organization provide support bether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) inviduals 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year aid. the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part we we control			
	or management of the supporting organization was vested in the same rooms controlled or no eged the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the st day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and the control of the prior tax			
	year, (ii) a copy of the Form 990 that was most recer filed as of the e of no cation, and (iii) copies of the	4		
0	organization's governing documents in effect on the ate of notification the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or stees either (i) ar binted or elected by the supported			
	organization(s) or (ii) serving on the gover by of a poorted organization? If "No," explain in Part VI how			
•	the organization maintained a close ar continuous workingip with the supported organization(s).	2		
3	By reason of the relationship descrit J in line 2, above did the organization's supported organizations have a			
	significant voice in the organization' evestment policie and in directing the use of the organization's			
	income or assets at all times during to 'ax year? If "Ye describe in Part VI the role the organization's	3		
Sac	supported organizations played in this resultion E. Type III Functionally Integral apporting Organizations	3		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in </i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets			
<u>d</u>	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	1 2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for the amount of the amount o			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 f n line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (1 n Section A, line column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (free Section Page 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number 04-3460220

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised 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 v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
Da			
Par	301110101111111111111111111111111111111		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated		f a historically important land area
	Protection of natural habitat	Pres ration o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in i. form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru	()	
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transfer ed, rele	eased, earguishe. or terminated by the	e organization during the tax
	year •	tip l	
4	Number of states where property subject to conserve on east		
5	Does the organization have a written policy ding to per		□ v _{ee} □ v _e
•	violations, and enforcement of the core varion easement.		
6	Staff and volunteer hours devoted to nonitoring, inspecting,	rialiding of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in moning, inspecting and	lling of violations, and onforcing consonus	ation assamants during the year
′	\$	illing of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported∠(d) above	e satisfy the requirements of section 170	(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

032051 12-01-20

Schedule D (Form 990) 2020

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

Par		llections of Art					ets (and and
_							100//11//0/04/
3	Using the organization's acquisition, accession	i, and other records,	check any or the	rollowing tha	it make sigi	illicant use of	its
	collection items (check all that apply):			- I			
a	Public exhibition	d		change progr			
b	Scholarly research	е	Other				
C	Preservation for future generations	and an arrangement of the later of					A 4 X/III
4	Provide a description of the organization's college						art XIII.
5	During the year, did the organization solicit or						
Dar	to be sold to raise funds rather than to be main						Yes No
ı aı	t IV Escrow and Custodial Arrango reported an amount on Form 990, Part		e if the organizati	on answered	Yes on Fo	orm 990, Part	IV, line 9, or
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contribution	ns or other as	sets not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII ar						
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on For				-	?	Yes No
	If "Yes," explain the arrangement in Part XIII. C						
Par					t IV, line 10.		
		(a) Current year	(b) Prior vear	(c) Two	rs back (d) Three years ba	ack (e) Four years back
				<u> </u>	\rightarrow		
	Contributions		<i></i>				
	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
_	and programs						
	Administrative expenses		\rightarrow				
g	End of year balance		95	-\\ l= -1 -1			
2	Provide the estimated percentage of the current			a)) held as:			
a	Board designated or quasi-endowment		.%				
b	Permanent endowment	%					
С	Term endowment %						
0-	The percentages on lines 2a, 2b, an 'c should	·					
Sa	Are there endowment funds not in the house	sion of the organization	on that are neid a	ina aaministe	ered for the	organization	Yes No
	by: (i) Unrelated organizations						3a(i)
							3a(ii)
h	(ii) Related organizations	one lieted as required	d on Schedule R2				
1	Describe in Part XIII the intended uses of the o						30
Par	t VI Land, Buildings, and Equipme		ment farias.				
	Complete if the organization answered		Part IV. line 11a.	See Form 990	D. Part X. lin	e 10.	
	Description of property	(a) Cost or oth		st or other		umulated	(d) Book value
	Besonption of property	basis (investme	` '	(other)		eciation	(a) Book value
	Land	`		•			
	Buildings						
	Leasehold improvements			7,132.		3,350.	3,782
	Equipment		8	37,208.	(51,685.	25,523
	Other	l l		•			•
	. Add lines 1a through 1e. (Column (d) must equ		column (B) line	10c)			29,305

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) THE STANDARD ANNUITY	528,259.	END-OF-YEAR MARKET VAL	JE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	528,259.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		See Form 990, Part X, line 15.) De als salssa
(a	escription	u)) Book value
(1)			
(2)			
(3)			
(4)			
(5)	_		
(6)	_		
(7)			
(8)			
(9)	.=.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>		
	on Form 000 Dort IV line	11a or 11f Coa Form 000 Dort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line) Book value
1. (7		() BOOK VAIGE
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

806,973.

2,619,939.

2,619,939

3

4c

Sche	edule D (Form 990) 2020	PROGERIA	RESEARCH	FOUNDATION	1, I	NC.		04-	3460220	Page 4
Pai	t XI Reconciliation of	of Revenue per	Audited Finan	icial Statement	s Witl	h Reveni	ue per Re	turn.		
	Complete if the orga	nization answered "\	Yes" on Form 990,	, Part IV, line 12a.						
1	Total revenue, gains, and ot	her support per aud	ited financial state	ements				1	3,016	<u>,513.</u>
2	Amounts included on line 1	but not on Form 990	0, Part VIII, line 12	:						
а	Net unrealized gains (losses	s) on investments .			2a					
b	Donated services and use of	f facilities			2b	80	6,973.			
С	Recoveries of prior year gra	nts			2c					
d	Other (Describe in Part XIII.)				2d					
е	Add lines 2a through 2d							2e	806	<u>,973.</u>
3	Subtract line 2e from line 1							3	2,209	<u>,540.</u>
4	Amounts included on Form									
а	Investment expenses not in	cluded on Form 990	, Part VIII, line 7b		4a					
b	Other (Describe in Part XIII.)				4b					
С	Add lines 4a and 4b							4c		0.
5		and 4c. (This must ed	gual Form 990, Par	rt I. line 12.)				5	2,209	,540 .
Pa	rt XII Reconciliation of	of Expenses per	r Audited Fina	ncial Statemen	ts Wi	th Exper	nses per F	Returi	n.	
	Complete if the orga	nization answered "\	Yes" on Form 990,	, Part IV, line 12a.						
1	Total expenses and losses p	per audited financial	statements					1	3,426	<u>,912.</u>
2	Amounts included on line 1	but not on Form 990	0, Part IX, line 25:	•						
а	Donated services and use of	f facilities			2a	80	<u>6,973.</u>			
b	Prior year adjustments				2b					

Total expenses. Add lines 3 and 4c. (This must equa orm 990. Part I. Part XIII Supplemental Information.

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

d Other (Describe in Part XIII.)

Add lines 2a through 2d

b Other (Describe in Part XIII.) c Add lines 4a and 4b

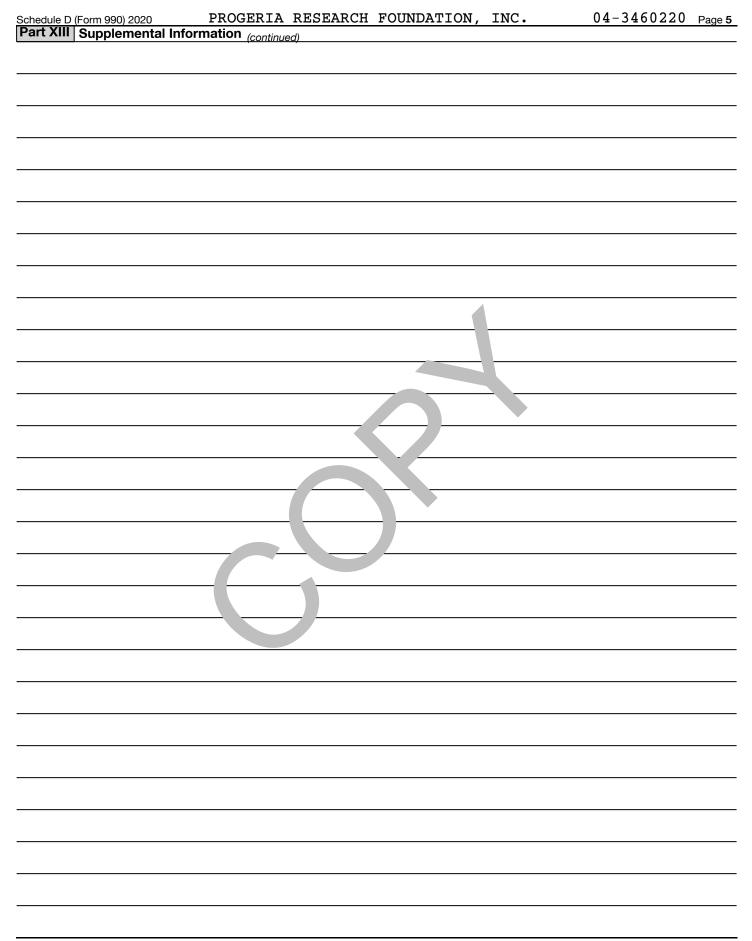
Provide the descriptions required for Part II, lines 3, 5, and Part III, lines 1a d 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. At plete part to pro le any additional information.

4a

PART X, LINE 2:

THE ORGANIZATION ACCOUN FOR HE 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.

Schedule D (Form 990) 2020



SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

-						
PROGERIA RESEAR	CH FOUND	ATION. II	NC.		04-34602	20
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV			2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g		
		maintain recor	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.						
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees.	` '		vity listed in (d)	(f) Total expenditures
	in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	for and
	In the region	contractors	recipients located in the region)		(s) in the region	investments in the region
THE OPE / THE HETTE		in the region				III the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANT MAKING			97,625.
MODIKIN, BEEGION			SIGNI PARTING			37,023.
EAST ASIA			GRANT N. 'NG			75,000.
SOUTHEAST ASIA			GRANT MAK.			56,250.
CARIBBEAN			∠NG			56,250.
			\			
SOUTH AMERICA			GRANT MAKING			37,356.
BOOTH AMERICA			GRANT MAKING			37,330.
3 a Subtotal	0	0				322,481.
b Total from continuation	_					
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				222 481

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

032071 12-03-20

Schedule F (Form 990) 2020

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)		(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)
		EAST ASIA	MEDICAL RESEARCH	75,000.		0.		
		EUROPE (INCLUDING	MIDICILL REDERICE	73,000.		· ·		
		ICELAND &						
		GREENLAND) -						
			MEDICAL RESEARCH	72 500.		0.		
		GOLIMATIN CIT. A GLA	MEDICAL PHONING	5 250.				
		SOUTHEAST ASIA	MEDICAL RESEARCH	5 250.		0.		
		CARIBBEAN	MEDICAL SEARCH	۶,250.		0.		
		SOUTH AMERICA	AL RE RCH	37,356.		0.		
		EUROPE (INCLUD .G ICELAND & GREENLAND) - ALBANIA, ANDORA	MEDICAL P EARCH	25,125.		0.		
			recognized as charities by the f					

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3	Enter total	number	of other	organizations	or entities

Part III can be duplicated if a	Т	, , , , , , , , , , , , , , , , , , , 					
pe 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)
						assistance	assistance

Schedule F (Form 990) 2020 Part IV Foreign Forms

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? If "Yes," 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)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualifier Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax yea the organization may be required to file Form 8865, Return of U.S. Persons Wiur. Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boyce and country during the tax year? If "Yes," the organization may be required to separately file Form 5. International Internationa	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number

04-3460220 PROGERIA RESEARCH FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) (ss receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) frc activity organization listed in col. (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col. (a) through TOURNAMENT - NOW GALA col. (c)) (event type) (total number) (event type) 140,337 283,347. 147,777. 571,461. 1 Gross receipts 112,990. 226,802. 135,230. 475,022. 2 Less: Contributions 96,439. **3** Gross income (line 1 minus line 2) 27,347. 56,545. 12,547. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 22,789. 47,14 10,456. 80,366. Other direct expenses 80,366. 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,073. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" contract of the organization and the organizat \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add **b)** Pull tabs/instant (c) Other gaming Revenue b. \progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 PROGERIA RESEARCH FOUNDATION, INC. 04-3	3460220	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ 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
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
45 -	Does the ergenization have a contract with a third party from whom the ergenization received according	Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L res	NO
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$ \$ \$\bigs\\$ \$ \$\bigs\\$ \$ \$\bigs\\$ \$ \$\bigs\\$		
,	: If "Yes," enter name and address of the third party:		
	A		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Err ☐ Inc endent contractor		
	Mandatory distributions:		
а	Is the organization required under stall aw to make charable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes Yes	∟ No
k	Enter the amount of distributions require. der state v to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during true year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	rt III. linna O. C	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı i iii, iii les 9, 8	, וטט,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule 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)				
		100111111	<i> </i>				
					\		
				-			
			7				
				_			
				<u> </u>			
		_	_				
		· · ·					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

OMB No. 1545-0047

Name of the organization **Employer identification number** 04-3460220 PROGERIA RESEARCH FOUNDATION, INC. Part I **General Information on Grants 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 X Yes 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. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the (anization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant ron-cash noncash assistance or assistance FMV, appraisal, other) UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 505 PARNASSUS AVENUE -SAN FRANCISCO, CA 94143 0 MEDICAL RESEARCH Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, I	2; Part III, colu	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE RECIPIENT OF ANY GRANT AWARD 1	OM PRF M	ST USE TH	IE FUNDS FO	R THE	
SPECIFIC PURPOSE FOR WHICH THEY WEE	RE DIC	ALLY INTEN	DED IN THE	GRANT	
APPLICATION. PRF REQUIRES A DETAILE	ED ACCOUN	TING OF AL	L FUNDS EX	PENDED	
TO BE SUBMITTED EVERY 12 MONTHS, AN	ND A PROJ	ECT PROGRE	SS REPORT	TO BE	
SUBMITTED EVERY 12 MONTHS, OR MORE	FREQUENT	LY AT THE	DISCRETION	OF PRF	
WITH THIRTY DAYS NOTICE, AND A FINA	AL ACCOUN	TING AND P	ROGRESS RE	PORT	
WITHIN 60 DAYS OF THE END OF THE PI	ROJECT. A	NY FUNDS N	OT USED IN	THE	
MANNER SPECIFIED ABOVE MUST BE RETU					

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 YEAR GRANT AWARDS, FUNDS NOT USED IN THE
FIRST 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 Inspection

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 PROGERIA RESEARCH FOUNDATION, INC. Employer identification number 04-3460220

Check if Number of Noncash contribution Method of	(d) f determining ribution amounts OTE
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles	OTE
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles	OTE
3 Art - Fractional interests	DTE
4 Books and publications	DTE
5 Clothing and household goods 6 Cars and other vehicles	OTE
6 Cars and other vehicles	OTE
	OTE
	OTE
8 Intellectual property	OTE
9 Securities - Publicly traded X 2 0,876 • MARKET QUO	
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	
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 organization during the tax year for contributions	
for which the organization completed Form 8283, Part V, Donee Acknowledgement	
	Yes No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	
exempt purposes for the entire holding period?	30a X
b If "Yes," describe the arrangement in Part II.	
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31 X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions?	. 32a X
b If "Yes," describe in Part II.	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

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

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC. **Employer identification number** 04-3460220

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 WOR. . THE DATA IS RIGOROUSLY ANALYZED TO DETERMINE THE F ST CC RSE OF TREATMENTS TO IMPROVE THE PATIENTS' QUALITY OF LIFE. INFORMATION IS INVALUABLE FOR THE ATTENDING PHYSICIAN TO ΉE. MILY THROUGH THE BEST COURSE JIDE AS USED 1 OF ACTION. DATABASE MATERIAL CREATE PRF'S COMPREHENSIVE HEALTHCARE RECOMMENDATION 'IAN' OOK ON PROGERIA AIMED AT OPTIMIZING ATABASE WAS ALSO CRITICAL IN DETERMINING THE QUALITY OF LIFE. THE PRIMARY CLINICAL OUTCO E PARAMF ER 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 Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

PROGERIA RESEARCH FOUNDATION, INC.	04-3460220
DIFFERENT LANGUAGES.	
THE FOUNDATION EDITS AND PUBLISHES THE PROGERIA HANDBOOK,	A GUIDE FOR
FAMILIES AND HEALTH CARE PROVIDERS OF CHILDREN WITH PROGER	IA. IT IS
PUBLISHED IN ENGLISH AND SEVERAL OTHER LANGUAGES TO ALLOW	ITS USE
THROUGHOUT THE WORLD.	
THE FOUNDATION MAINTAINS AN INTERNATIONAL PROGERIA REGISTR	Y CONTAINING
CENTRALIZED INFORMATION ON CHILDREN AND FAMILIES LIVING WI	TH PROGERIA.
THIS ASSURES RAPID DISTRIBUTION OF ANY NEW INFORMATION THA	T MAY BENEFIT
THE CHILDREN.	
PRF ORGANIZES SCIENTIFIC CONFERENCES THAT E ETHER S	CIENTISTS AND
CLINICIANS FROM ALL OVER THE WORLD TO S' THEIR EX TRTIS	E AND CUTTING
EDGE SCIENTIFIC DATA, AND FOSTER COL. BORAT IN IN THE FIGH	T AGAINST
PROGERIA AND OTHER AGING RELATED TITNES.	
CLINICAL TRIALS 2020: OUR TRI/ 1 TEAM C VTIN ES TO ENSURE T	HAT THE
CURRENT PRF-FUNDED CLINICAL T. AL IS RU NING EFFECTIVELY A	ND
EFFICIENTLY. DUE TO TH COVID-19MIC, ONLY 10 TRIAL P	ARTICIPANTS
WERE ABLE TO COME TO DSTON FOR THEIR VISITS, WHERE THEY U	NDERWENT A
SERIES OF TESTS AND GO'L 'EW DP G SUPPLY. TRIAL RESULTS WI	LL DETERMINE
WHETHER THE 2-DRUG COMBINATION OF EVEROLIMUS PLUS LONAFARN	IB IS A MORE
EFFECTIVE TREATMENT FOR PROGERIA THAN LONAFARNIB ALONE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
THE PROGERIA 2-DRUG, PHASE I/II TRIAL	
IN 2015, PRF OBTAINED ALL NECESSARY APPROVALS FOR ITS THIR	D TYPE OF
CLINICAL TRIAL, WHICH WILL ASSESS A TWO-DRUG COMBINATION O	F LONAFARNIB
AND EVEROLIMUS. EVEROLIMUS IS A FORM OF THE DRUG RAPAMYCIN	, BUT

032212 11-20-20

Employer identification number Name of the organization 04-3460220 PROGERIA RESEARCH FOUNDATION, INC. 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 THE FDA-APPROVED LONAFARNIB ON ITS OWN. THE PROGRESS OF THIS TRIAL IS DETAILED BELOW. IN 2016, PHASE I BEGAN. THE PURPOSE OF A PHASE I TRIAL IS TO DETERMINE THE SAFEST MAXIMUM DOSAGE OF A DRUG. PHASE I WAS OMPLETED IN MID-2017. IN JULY 2017, FOLLOWING THE SUCCESSFUL / TION OF PHASE I, THE CLINICAL TRIAL MOVED ONTO PHASE II. ASE I OF THE TRIAL TESTS THE EFFECTIVENESS OF THE 2-DRUG COMBINITION. ROM 2016 THROUGH 2020, 60 CHILDREN AND YOUNG ADULTS WIT! PROGER! FRC 26 COUNTRIES SPEAKING 16 LANGUAGES WERE ENROLLED AND TO VELED TO BOSTON FOR THEIR TRIAL VISITS AT BOSTON CHILDREN'S H PITAL, W. HEY UNDERWENT A SERIES OF TESTS AND RECEIVED NEW DRUG SUPPLY. IN 2020, THE 20+-MEMBER TRIAL TEAM CONTINUES TO ENSURE THAT THE CURRENT PRF-FUNDED CLINICAL TRIAL IS RUNNING EFFECTIVELY AND EFFICIENTLY. DUE TO THE COVID-19 PANDEMIC, FINAL TRIAL VISITS FOR SOME PATIENTS HAS BEEN DELAYED. ONCE TRIAL VISITS ARE COMPLETE, THE TRIAL TEAM WILL EVALUATE THE DATA TO DETERMINE WHETHER THE 2-DRUG COMBINATION OF EVEROLIMUS PLUS LONAFARNIB IS A MORE EFFECTIVE TREATMENT FOR PROGERIA THAN LONAFARNIB ALONE.

FORM 990, PART VI, SECTION A, LINE 2:

Employer identification number Name of the organization 04 - 3460220PROGERIA RESEARCH FOUNDATION, INC. AUDREY GORDON WHO IS THE PRESIDENT IS THE SISTER OF LESLIE GORDON WHO IS THE VOLUNTEER MEDICAL DIRECTOR. BARBARA GORDON WHO IS THE CLERK IS THE MOTHER OF AUDREY GORDON WHO IS THE PRESIDENT AND LESLIE GORDON WHO IS THE VOLUNTEER MEDICAL DIRECTOR. SCOTT BERNS, WHO IS A DIRECTOR AND HUSBAND OF LESLIE GORDON (VOLUNTEER MEDICAL DIRECTOR), THE BROTHER IN LAW OF AUDREY GORDON (PRESIDENT) AND SON IN LAW OF BARBARA GORDON (CLERK). FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE PRESIDENT, EXECUTED DECTOR AND THE TREASURER. FORM 990, PART VI, SECTION B, LINE 1: DISCUSSED AT ANNUAL BOARD MEETINGS FORM 990, PART VI, SECTION B, INE 15: THE PRESIDENT'S SALARI 5 FOR 202. DETERMINED BY THE INDEPENDENT VOTING MEMBERS AFTER REVIEW F THE DU' ES PERFORMED AND DATA AS TO COMPARABLE COMPENSATION FOR SIMILA Y QUALIFIED PERSONS. THERE WERE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES IN 2020. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA, NY, CA, KY, MD, PA, RI, OH, MS, IL, NJ, MI, AL, AK, AR, CO, CT, FL, GA, HI, KS, ME, MN, NC, NH NM, NV, OK, OR, SC, TN, UT, VA, WA, WV, WI, DC FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST, FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION WEBSITE.

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	S:
MEDIA EXPENSE:	
PROGRAM SERVICE EXPENSES	77,150.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,150.
POSTAGE AND SHIPPING:	
PROGRAM SERVICE EXPENSES	47,712.
MANAGEMENT AND GENERAL EXPENSES	8,496.
FUNDRAISING EXPENSES	14,846.
TOTAL EXPENSES	71,054.
DIAGNOSTIC TESTING:	_
PROGRAM SERVICE EXPENSES	70,923.
MANAGEMENT AND GENERAL AXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	70,923.
MEDICAL AND RESEARCH DATABASE:	
PROGRAM SERVICE EXPENSES	69,673.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,673.
COMPUTER EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES 032212 11-20-20 Sch	24,177. edule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,177.
SCIENTIFIC WORKSHOP:	
PROGRAM SERVICE EXPENSES	8,587.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,587.
ONLINE PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,565.
PRINTING:	
PROGRAM SERVICE EXPEN ES	6,830.
MANAGEMENT AND GENERAL PENSF	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,830.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,980.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,980.
PROFESSIONAL DEVELOPMENT:	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	907.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	907.
PATIENT HANDBOOKS:	
PROGRAM SERVICE EXPENSES	504.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	504.
TOTAL OTHER EXPENSES ON FORM 990, PART 1., THE 24E, TOL A	339,350.
THE ORGANIZATION HAS NOT CHANCED ITS CERSIENT PROCESS OR PROCESS DURING THE TAX YEAR.	SELECTION

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	e 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
	EQUIPMENT													
1	EQUIPMENT	06/01/01	200DB	7.00	HY17	2,781.				2,781.	2,781.		0.	2,781.
2	EQUIPMENT	09/30/11	200DB	5.00	НУ17	5,580.			4	5,580.	5,580.		0.	5,580.
3	EQUIPMENT	06/29/12	200DB	5.00	НҮ17	4,260.				4,260.	4,260.		0.	4,260.
4	EQUIPMENT	06/30/13	200DB	5.00	HY17	5,969.				5,969.	5,969.		0.	5,969.
5	EQUIPMENT	04/30/14	200DB	5.00	HY17	2,721.				2,721.	2,721.		0.	2,721.
6	EQUIPMENT	10/31/14		5.00	HY17					3,500.	3,185.		0.	3,185.
7	EQUIPMENT	06/30/15								1,295.	1,091.		75.	1,166.
8	EQUIPMENT	11/17/15								750.	581.		43.	624.
9	EQUIPMENT	01/12/16								1,395.	1,154.		161.	1,315.
10	EQUIPMENT	08/10/16		.00						10,760.	8,901.		1,240.	10,141.
23	EQUIPMENT	12/21/17								865.	569.		118.	687.
				.00										
26	HP COMPUTER	01/03/18			Md1 -	1,310.				1,310.	800.		204.	1,004.
27	COMPUTER EQUIPMENT	11/16/18	200DB	5.00	MQ17	4,525.				4,525.	1,946.		1,032.	2,978.
28	LENOVO LAPTOP	12/23/18	200DB	5.00	MQ17	1,859.				1,859.	799.		424.	1,223.
31	FREEZER	04/22/19	200DB	5.00	MQ17	15,190.				15,190.	3,798.		4,557.	8,355.
32	FREEZER	10/18/19	200DB	5.00	MQ17	14,716.				14,716.	736.		5,592.	6,328.
34	OFFICE COMPUTERS	12/31/19	200DB	5.00	MQ17	7,582.				7,582.	379.		2,881.	3,260.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
35	COMPUTER EQUIPMENT	12/11/20	200DB	5.00	MQ19	в 2,150.				2,150.			108.	108.
	* 990 PAGE 10 TOTAL - EQUIPMENT					87,208.				87,208.	45,250.		16,435.	61,685.
	LEASEHOLD IMPROVEMENTS													
12	LEASEHOLD IMPROVEMENTS	03/31/14	150DB	15.00	НУ17	7,132.				7,132.	2,929.		421.	3,350.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS					7,132.				7,132.	2,929.		421.	3,350.
	PATENT													
13	FTI PATENT- LEGAL FEES	07/01/13		204M	НУ43	23,158.				23,158.	8,853.		1,362.	10,215.
14	PATENT LEGAL COSTS	07/01/14		192M	НУ43					7,443.	2,557.		465.	3,022.
15	PATENT IN-KIND	07/01/14		192 M	НУ43	42,188.				42,188.	14,503.		2,637.	17,140.
16	PATENT LEGAL COSTS	10/22/15		180M	НУ43	2,505.				2,505.	696.		167.	863.
17	PATENT IN-KIND	07/01/15		мов	НУ43	32,2				32,238.	9,671.		2,149.	11,820.
21	PATENT LEGAL COSTS-209197	06/01/16		80M	НУ43	4,366.				4,366.	1,043.		291.	1,334.
22	PATENT LEGAL COSTS-286619	10/27/16		18.	UVA^	1,970.				1,970.	415.		131.	546.
29	PATENT - JMB BEN DAVIS	04/10/18		180M	НУ43	2,892.				2,892.	338.		193.	531.
30	PATENT - JMB BEN DAVIS	11/01/18		180M	НУ43	2,885.				2,885.	224.		192.	416.
36	PATENT REGISTRATION FEE	09/08/20		180M	HY42	385.				385.			9.	9.
	* 990 PAGE 10 TOTAL - PATENT					120,030.				120,030.	38,300.		7,596.	45,896.
24	WEBSITE DEVELOPMENT COSTS	04/01/17		36M	НУ43	3,000.				3,000.	2,750.		250.	3,000.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	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
25	WEBSITE DEVELOPMENT COSTS	06/01/17		36 M	HY43	3,000.				3,000.	2,583.		417.	3,000.
33	WEBSITE DEVELOPMENT COSTS	05/01/19		36 M	НУ43	9,568.				9,568.	2,126.		3,189.	5,315.
	* 990 PAGE 10 TOTAL - PATENT					15,568.				15,568.	7,459.		3,856.	11,315.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					229,938.				229,938.			28,308.	122,246.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					227,403.			0.	227,403.	93,938.			122,129.
	ACQUISITIONS								0.	2,535.	0.			117.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					`29,938.			0.	229,938.	93,938.			122,246.
	ENDING ACCUM DEPR										122,246.			
	ENDING BOOK VALUE										107,692.			

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Internal Revenue Service

epartment of the Treasury Sequence No. 179 ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates Identifying number PROGERIA RESEARCH FOUNDATION, FORM 990 PAGE 10 04-3460220 INC. Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,590,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 1 13 Note: Don't use Part II or Part III below for listed property. Instead, use Par Special Depreciation Allowance and Other Depreciation. on't inclure listed property.) 14 Special depreciation allowance for qualified property (other than listed party 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed perty. See instruens.) Sectio A 17 16,748. beginning by ore 2020 17 MACRS deductions for assets placed in ser ax ye 18 If you are electing to group any assets placed in servir ...uring the tax year into on. .eral asset accounts, check here Section B - Asset / laced in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 2,150. 5 YRS. MO 200DB 108. 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40 yrs 40-vear MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

16,856.

23

22

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other	Informa	tion (Cau	tion: S	See the	instruc	tions for li	mits for p	asseng	er autom	obiles.)		
24a	Do you have evidence to s						es		24b If "Y					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	t o	(d) Cost or her basis		(e) sis for depr siness/inve use onl	eciation estment	(f) Recovery period	(9	a) nod/	(I Depre	h) ciation iction	Elec sectio co	ted n 179
25	Special depreciation allo	wance for q			placed in	servic	e during	the ta	ıx year and	<u> </u>					<u> </u>
	used more than 50% in a	a qualified bu	usiness use .		· 			· 			25				
26	Property used more than									_					
		: :		%											
		1 1		%											
		: :		%											
27	Property used 50% or le	ss in a qualit	fied business	use:											
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on I	ine 21,	page 1				28		_		
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	7, page 1								29		
			:	Section I	3 - Inforn	nation	on Use	of Veh	nicles						
Coi	mplete this section for vel	hicles used l	by a sole prop	rietor, pa	artner, or	other "	more t		~ 0	r related p	erson.	If you pr	ovided v	ehicles	
to y	our employees, first answ	wer the ques	tions in Secti	on C to s	ee if you	meet a	n excep	tion to	compic	ા this sed	ction fo	r those v	ehicles.		
						/		<u> </u>		-		•			
				(a)	(b)		(c)	(d)	(€	e)	(f)
30	Total business/investment r			Vel	nicle	V <u>el</u>	<u>hicle</u>		/ehicle	Vehi	cle	Veh	icle	Vehi	cle
	year (don't include commut	ting miles)					$\sqrt{2}$	1							
31	Total commuting miles of	driven during	the year												
32	Total other personal (nor	ncommuting) miles												
	driven					_									
33	Total miles driven during	the year.													
	Add lines 30 through 32									<u> </u>		ļ			
34	Was the vehicle available	e for person	al use	Yes	No	Ye _	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		/												
35	Was the vehicle used pr	imarily by a	m e												
	than 5% owner or related	d person?													
36	Is another vehicle availal	ble for perso	na.												
	use?		<u></u>	\perp											
		Section C	- Question.	mplے	oyers Wh	no Prov	vide Vel	nicles 1	for Use by	y Their Er	nploye	es			
	swer these questions to d			xception	to compl	eting S	Section I	3 for ve	ehicles use	ed by emp	oloyees	who ar	en't		
	re than 5% owners or rela														
37	Do you maintain a writte										y your			Yes	No
	employees?														
38	Do you maintain a writte			-				-			ur				
	employees? See the inst					cers, di	rectors,	or 1%	or more o	wners					
	Do you treat all use of ve														
40	Do you provide more that														
	the use of the vehicles, a														
41	Do you meet the require														
<u> </u>	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "Ye	es," don'	complet	e Secti	on B for	the co	overed ver	nicles.					
P	art VI Amortization			/I=\	1	(-)		<u> </u>	(-1)		(-)			(4)	
	(a) Description of	costs	Date	(b) e amortization		(c) Amortizal	ole		(d) Code		(e) Amortiza		Ar	(f) nortization	
	·			begins		amount	t		section	р	eriod or per		fo	r this year	
	Amortization of costs the						205	·		ı	100	M			
r P	TENT REGISTR	ATTON I	- EE US	0820			385	•			180	M			9.
40	Amerikan Committee			1 1	<u> </u>							10		11	1/12
	Amortization of costs tha											43		11,4	
	Total. Add amounts in c	oiumn (t). Se	ee tne instruct	ions for	wnere to I	report						44	г	тт, 4 orm 4562	
J 102	252 12-18-20													JIIII 430 2	- 12U2U1

- 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	2,72 .			2,721.	2,721.		0.
6	EQUIPMENT	103114	200DB	5.00	17	3, 0.			3,500.	3,185.		0.
7	EQUIPMENT	063015	200DB	5.00	17	795.			1,295.	1,091.		75.
8	EQUIPMENT	111715	200DB	5.00	1	75 ,			750.	581.		43.
9	EQUIPMENT	011216	200DB	5.00	1.	1,39			1,395.	1,154.		161.
10	EQUIPMENT	081016	د 2007	5.00	17	10,/60.			10,760.	8,901.		1,240.
23	EQUIPMENT	122117	200 3	5.00	17	865.			865.	569.		118.
26	HP COMPUTER	010318	200DB	20		1,310.			1,310.	800.		204.
27	COMPUTER EQUIPMENT	111618	200DB	5.00	17	4,525.			4,525.	1,946.		1,032.
28	LENOVO LAPTOP	122318	200DB	5.00	17	1,859.			1,859.	799.		424.
31	FREEZER	042219	200DB	5.00	17	15,190.			15,190.	3,798.		4,557.
32	FREEZER	101819	200DB	5.00	17	14,716.			14,716.	736.		5,592.
34	OFFICE COMPUTERS	123119	200DB	5.00	17	7,582.			7,582.	379.		2,881.

- CURRENT YEAR FEDERAL - PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Da ⁱ Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	COMPUTER EQUIPMENT	1211	120	200DB	5.00	19в	2,150.			2,150.			108.
	* 990 PAGE 10 TOTAL - EQUIPMENT						87,208.		0.	87,208.	45,250.		16,435.
	LEASEHOLD IMPROVEMENTS		Г							,	,		,
12	LEASEHOLD IMPROVEMENTS	0333	114	150DB	15.00	17	7,132.			7,132.	2,929.		421.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVE						7,132.		0.	7,132.	2,929.		421.
	PATENT												
	FTI PATENT- LEGAL FEES	0701	113		20 4M	43	23, . 8.			23,158.	8,853.		1,362.
14	PATENT LEGAL COSTS	0701	114		192M	43	143.			7,443.	2,557.		465.
15	PATENT IN-KIND	0701	114		192M	4	42,18			42,188.	14,503.		2,637.
16	PATENT LEGAL COSTS	1022	215		180M	4.	2,50 .			2,505.	696.		167.
		0701	115		180м	43	J⊒,∠38.			32,238.	9,671.		2,149.
	PATENT LEGAL COSTS-209197	0601	116		180M	43	4,366.			4,366.	1,043.		291.
22		1027	716		^Mr		1,970.			1,970.	415.		131.
	PATENT - JMB BEN DAVIS	0410) 18		180M	43	2,892.			2,892.	338.		193.
	PATENT - JMB BEN DAVIS	1101	118		180M	43	2,885.			2,885.	224.		192.
36	PATENT REGISTRATION FEE	0908			180M	42	385.			385.			9.
	* 990 PAGE 10 TOTAL - PATENT						120,030.		0.	120,030.	38,300.		7,596.
	WEBSITE DEVELOPMENT COSTS	0401	117		36 M	43	3,000.			3,000.	2,750.		250.

- CURRENT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Da Acqı	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
25		060	117		36 M	43	3,000.			3,000.	2,583.		417.
33	WEBSITE DEVELOPMENT COSTS * 990 PAGE 10 TOTAL	050	119		36M	43	9,568.			9,568.	2,126.		3,189.
	- PATENT * GRAND TOTAL 990						15,568.		0.	15,568.	7,459.		3,856.
	PAGE 10 DEPR & AMOR						229,938.		0.	229,938.	93,938.		28,308.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						227, 3.	\mathcal{L}	0.	227,403.	93,938.		
	ACQUISITIONS						535.		0.	2,535.	0.		
	DISPOSITIONS								0.	0.	0.		
	ENDING BALANCE						229,93.		0.	229,938.	93,938.		

- 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.	2,781.	0.
2	EQUIPMENT	093011	200DB	5.00	5,580.		5,580.		0.
3	EQUIPMENT	062912			4,260.		4,260.		0.
4	EQUIPMENT	06 30 13			5,969.		5,969.	5,969.	0.
5	EQUIPMENT	04 30 14			,721.		2,721.		0.
6	EQUIPMENT	103114	200DB	5.00	,500.		3,500.	3,185.	0.
7	EQUIPMENT	063015	200DB	5.00	295.		1,295.		0.
8	EQUIPMENT	111715	200DB	5.00	750.		750.	624.	0.
9	EQUIPMENT	011216	200DB	5.0u	395.		1,395.	1,315.	80.
10	EQUIPMENT	081016			10, 0.		10,760.	10,141.	619.
23	EQUIPMENT	122117	ك 200	5.l	86.		865.	687.	95.
26	HP COMPUTER	010318	2∕ JDB	5.0	1,310.		1,310.	1,004.	144.
27	COMPUTER EQUIPMENT	1111618			4,525.		4,525.	2,978.	619.
	LENOVO LAPTOP	122318	ت .ا200	.00	1,859.		1,859.	1,223.	254.
31	FREEZER		JODF.		15,190.		15,190.	8,355.	
_	FREEZER		2ι $\mathcal{D}B$		14,716.		14,716.	6,328.	3,355.
34	OFFICE COMPUTERS	23119			7,582.		7,582.	3,260.	1,729.
35	COMPUTER EQUIPMENT	21120	200:3	5.00	2,150.		2,150.	108.	817.
	* 990 PAGE 10 TOTAL - EQUIPMENT				87,208.		87,208.	61,685.	10,446.
	LEASEHOLD IMPROVEMENTS								
12	LEASEHOLD IMPROVEMENTS	03314-	µ ၁0DB	15.00	7,132.		7,132.	3,350.	421.
	* 990 PAGE 10 TOTAL - LEASEH LD								
	IMPROVEMENTS				7,132.		7,132.	3,350.	421.
	PATENT								
13	FTI PATENT- LEGAL FEES	70113		204M	23,158.		23,158.	10,215.	1,362.
14	PATENT LEGAL COSTS	070114		192M	7,443.		7,443.	3,022.	465.
15	PATENT IN-KIND	070114		192M	42,188.		42,188.	17,140.	2,637.
16	PATENT LEGAL COSTS	102215		180M	2,505.		2,505.	863.	167.
17	PATENT IN-KIND	070115		180M	32,238.		32,238.	11,820.	2,149.
21	PATENT LEGAL COSTS-209197	060116		180M	4,366.		4,366.	1,334.	291.
22	PATENT LEGAL COSTS-286619	102716		180M	1,970.		1,970.	546.	131.
29	PATENT - JMB BEN DAVIS	041018		180M	2,892.		2,892.	531.	193.
30	PATENT - JMB BEN DAVIS	110118		180M	2,885.		2,885.	416.	192.

⁽D) - Asset disposed

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

- NEXT YEAR FEDERAL -

PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description			Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
36	PATENT REGISTRATION FEE	090	820		180M	385.		385.	9.	26.
	* 990 PAGE 10 TOTAL - PATENT					120,030.		120,030.		7,613.
	WEBSITE DEVELOPMENT COSTS	040)1 <mark>17</mark>)117		36M	3,000.		3,000.		0.
	WEBSITE DEVELOPMENT COSTS	0 6 0	117		36M	3,000.		3,000.		0.
33		050	119		36M	9,568.		9,568.		
	* 990 PAGE 10 TOTAL - PATENT					1,568.		15,568.	11,315.	3,189.
	* GRAND TOTAL 990 PAGE 10 DEPR &									
	AMORT					22. 938.		229,938.	122,246.	21,669.
		1								
		V_{4}								

⁽D) - Asset disposed

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