

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: PROGERIA RESEARCH FOUNDATION, INC.
D Employer identification number: 04-3460220
E Telephone number: 9785352594
G Gross receipts \$: 2,289,906.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.PROGERIARESEARCH.ORG
K Form of organization: Corporation
L Year of formation: 1999
M State of legal domicile: MA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer AUDREY GORDON, ESQ, PRESIDENT, EXECUTIVE DIRECTOR
Date:
Paid: Preparer's name MARCI J. COHEN, Preparer's signature MARCI J. COHEN, Date 10/19/21, PTIN P00830439
Preparer Use Only: Firm's name LITMANGERSON ASSOCIATES, LLP, Firm's address 500 W. CUMMINGS PARK, SUITE 5650 WOBURN, MA 01801, Firm's EIN 04-2694095, Phone no. 781-569-4700

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 397,481. including grants of \$ 397,481.) (Revenue \$) RESEARCH GRANTS: PRF HAS AWARDED 80 RESEARCH GRANTS TOTALING \$8.77 MILLION THROUGH PEER REVIEW BY OUR VOLUNTEER MEDICAL RESEARCH COMMITTEE. AWARDS OF UP TO \$75,000 PER YEAR, FOR UP TO TWO YEARS, HAVE ALLOWED INNOVATIVE NEW RESEARCH IN PROGERIA TO THRIVE.

4b (Code:) (Expenses \$ 452,704. including grants of \$) (Revenue \$) PROGERIA DRUG TRIAL: THE PROGERIA RESEARCH FOUNDATION AND BOSTON CHILDREN'S HOSPITAL CONTINUE THEIR PARTNERSHIP FOR CONDUCTING CLINICAL DRUG TRIALS FOR CHILDREN WITH PROGERIA.

THE CLINICAL TRIAL TEAM: A TEAM OF PROFESSIONALS AT BOSTON CHILDREN'S HOSPITAL AND BRIGHAM & WOMEN'S HOSPITAL IS WORKING WITH CHILDREN WITH PROGERIA FROM AROUND THE GLOBE. MEMBERS OF THE TEAM HAVE EXPERTISE NOT ONLY IN PROGERIA, BUT ALSO IN THE DRUGS ADMINISTERED IN THE TRIALS.

(SEE SCHEDULE O FOR CONTINUATION)

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section 501(c)(3) who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation for the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 9785352594
P.O. BOX 3453, PEABODY, MA 01961-3453

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former officer/director/trustee			
(1) AUDREY GORDON PRESIDENT	40.00						139,808.	0.	26,371.	
(2) SCOTT BERNS DIRECTOR	1.00	X					0.	0.	0.	
(3) PAULA KELLY TREASURER/DIRECTOR	1.00	X		X			0.	0.	0.	
(4) KAREN BALLACK DIRECTOR	1.00	X					0.	0.	0.	
(5) SANDRA BRESNICK DIRECTOR	1.00						0.	0.	0.	
(6) KIM PARATORE DIRECTOR	1.00	X					0.	0.	0.	
(7) JOHN MAROZZI DIRECTOR	1.00	X					0.	0.	0.	
(8) LARRY MILLS DIRECTOR	1.00	X					0.	0.	0.	
(9) LIZA MORRIS DIRECTOR	1.00	X					0.	0.	0.	
(10) BARBARA GORDON CLERK	1.00			X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	475,022.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	149,814.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,445,606.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 70,876.		
	h Total. Add lines 1a-1f			2,070,442.		
Program Service Revenue			Business Code			
	2 a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g Total. Add lines 2a-2f						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	25,025.		123,025.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d			Net rental income or (loss)		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses				
7 c	Gain or (loss)					
d			Net gain or (loss)			
8 a	Gross income from fundraising events, including \$ 475,022. of contributions reported on line 1c). See Part IV, line 18	8 a	96,439.			
		8 b	80,366.			
c			Net income or (loss) from fundraising events	16,073.	16,073.	
9 a	Gross income from gaming activities. See Part IV, line 19	9 a				
		9 b				
c			Net income or (loss) from gaming activities			
10 a	Gross sales of inventory, less returns and allowances	10 a				
		10 b				
c			Net income or (loss) from sales of inventory			
Miscellaneous Revenue			Business Code			
	11 a					
	b					
	c					
	d	All other revenue				
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,209,540.	0.	0.	139,098.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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, 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)				
7 Other salaries and wages	476,223.	262,005.	143,965.	70,233.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,390.	1,007.	1,771.	3,542.
10 Payroll taxes	64,186.	36,470.	17,742.	9,966.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,705.	6,765.	4,950.	
c Accounting	35,860.		35,860.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,548.	2,441.	9,107.	
12 Advertising and promotion				
13 Office expenses			13,872.	
14 Information technology				
15 Royalties				
16 Occupancy	52,200.	10,440.	41,760.	
17 Travel	3,550.	1,286.	977.	1,287.
18 Payments of travel or entertainment expenses 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 O.)				
a DRUG TRIAL	452,704.	452,704.		
b RESEARCH ACTIVITIES	374,521.	374,521.		
c FUTURE TRIAL EFFORTS	87,354.	87,354.		
d CELL AND TISSUE BANK	85,066.	85,066.		
e 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 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	10a 94,340.		
	b Less: accumulated depreciation	10b 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 33)	7,451,058.	16	6,950,071.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	128,200.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,453.	25	0.
	26 Total liabilities. Add lines 17 through 25	508,615.	26	418,027.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,919,947.	27	6,529,544.
	28 Net assets with donor restrictions	22,496.	28	2,500.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,942,443.	32	6,532,044.
33 Total liabilities and net assets/fund balances	7,451,058.	33	6,950,071.	

Part 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	2,209,540.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,619,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	-410,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,942,443.
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	6,532,044.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps the organization took to undergo such audits		

Form 990 (2020)

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.)

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.")	3121557.	2100210.	2837553.	4943791.	2086515.	15089626.
2 Tax revenues levied for the organization'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 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3579309.
6 Public support. Subtract line 5 from line 4.						11510317.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3121557.	2100210.	2837553.	4943791.	2086515.	15089626.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,942.	47,071.	41,164.	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.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.45 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.54 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
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						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to support the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amending the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons who controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the first day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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		
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

COPY

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

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-historic structures), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,132.	3,350.	3,782.
d Equipment		87,208.	61,685.	25,523.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,305.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 VALUE
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,016,513.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	806,973.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	806,973.	
3	Subtract line 2e from line 1	3	2,209,540.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,209,540.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,426,912.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	806,973.	
b	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	806,973.	
3	Subtract line 2e from line 1	3	2,619,939.	
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,619,939.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 6; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Attach a separate sheet to provide any additional information.

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

PROGERIA RESEARCH FOUNDATION, INC.

04-3460220

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANT MAKING		97,625.
EAST ASIA			GRANT MAKING		75,000.
SOUTHEAST ASIA			GRANT MAKING		56,250.
CARIBBEAN			GRANT MAKING		56,250.
SOUTH AMERICA			GRANT MAKING		37,356.
3 a Subtotal	0	0			322,481.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			322,481.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA	MEDICAL RESEARCH	75,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	MEDICAL RESEARCH	72,500.		0.		
		SOUTHEAST ASIA	MEDICAL RESEARCH	5,250.		0.		
		CARIBBEAN	MEDICAL RESEARCH	5,250.		0.		
		SOUTH AMERICA	MEDICAL RESEARCH	37,356.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	MEDICAL RESEARCH	25,125.		0.		

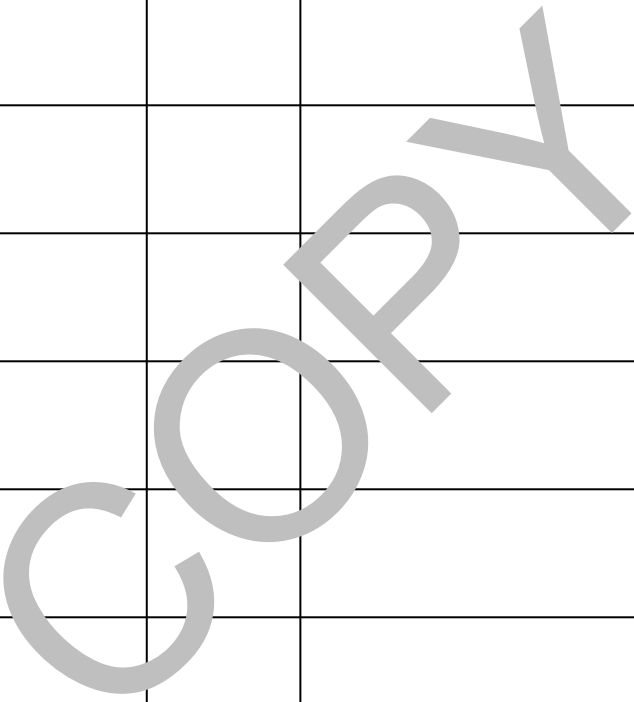
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

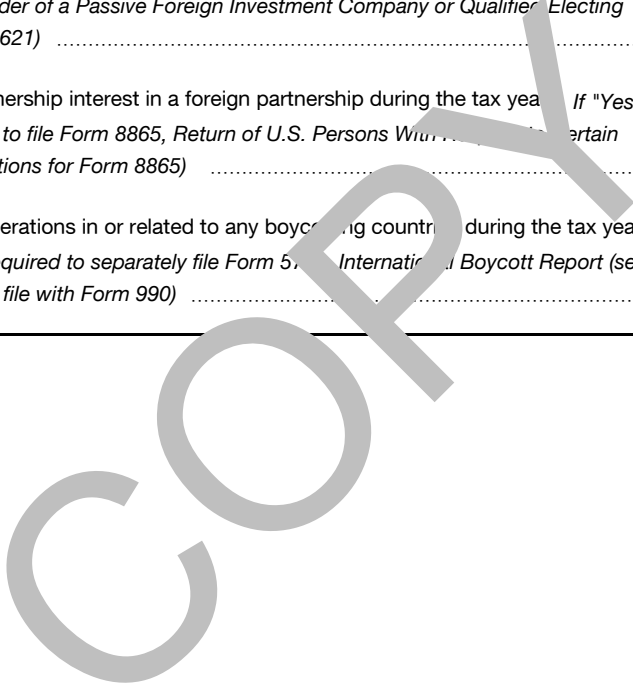
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



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 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 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 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 Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting country during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020



Part V Supplemental Information

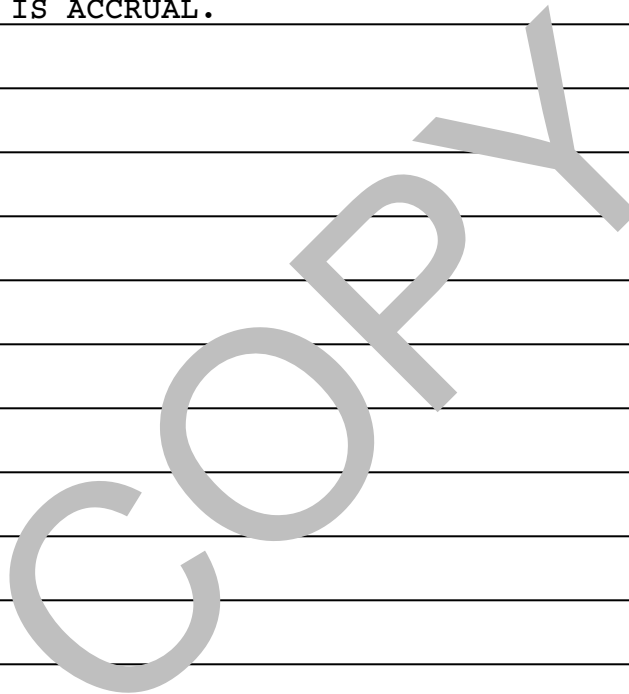
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PRF USES THE SAME PROCEDURES FOR MONITORING GRANTS OUTSIDE OF THE US THAT IS USED FOR GRANTS MADE WITHIN THE US. THE PROCEDURE IS DESCRIBED IN PART IV OF SCHEDULE I.

PART II, LINE 1

METHOD OF ACCOUNTING IS ACCRUAL.



SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Cross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		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.

Part II 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 (add col. (a) through col. (c))	
		GOLF TOURNAMENT - (event type)	NOW GALA (event type)	2 (total number)		
Revenue	1	Gross receipts	140,337.	283,347.	147,777.	571,461.
	2	Less: Contributions	112,990.	226,802.	135,230.	475,022.
	3	Gross income (line 1 minus line 2)	27,347.	56,545.	12,547.	96,439.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	22,789.	47,122.	10,456.	80,366.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				80,366.
11	Net income summary. Subtract line 10 from line 3, column (d)				16,073.	

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

		(a) Other gaming	(b) Pull tabs/instant draw/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

COPY

**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.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** 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 organization 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 505 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143			75,000.	0.			MEDICAL RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____

3 Enter total number of other organizations listed in the line 1 table **▶** _____

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE RECIPIENT OF ANY GRANT AWARD FROM PRF MUST USE THE FUNDS FOR THE SPECIFIC PURPOSE FOR WHICH THEY WERE ORIGINALLY INTENDED IN THE GRANT APPLICATION. PRF REQUIRES A DETAILED ACCOUNTING OF ALL FUNDS EXPENDED TO BE SUBMITTED EVERY 12 MONTHS, AND A PROJECT PROGRESS REPORT TO BE SUBMITTED EVERY 12 MONTHS, OR MORE FREQUENTLY AT THE DISCRETION OF PRF WITH THIRTY DAYS NOTICE, AND A FINAL ACCOUNTING AND PROGRESS REPORT WITHIN 60 DAYS OF THE END OF THE PROJECT. ANY FUNDS NOT USED IN THE MANNER SPECIFIED ABOVE MUST BE RETURNED TO PRF, AND ANY BUDGET CHANGE THAT

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.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	0,876.	MARKET QUOTE
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 **29**

- 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?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31	X	
32a		X

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
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 WORLD. THE DATA IS RIGOROUSLY ANALYZED TO DETERMINE THE BEST COURSE OF TREATMENTS TO IMPROVE THE PATIENTS' QUALITY OF LIFE. THIS INFORMATION IS INVALUABLE FOR THE ATTENDING PHYSICIAN TO GUIDE THE FAMILY THROUGH THE BEST COURSE OF ACTION. DATABASE MATERIAL WAS USED TO CREATE PRF'S COMPREHENSIVE HEALTHCARE RECOMMENDATIONS HANDBOOK ON PROGERIA AIMED AT OPTIMIZING QUALITY OF LIFE. THE DATABASE WAS ALSO CRITICAL IN DETERMINING THE PRIMARY CLINICAL OUTCOME PARAMETER FOR THE PROGERIA CLINICAL DRUG TRIALS.

WEBSITE/PUBLIC AWARENESS: IN 2019, THE PRF WEBSITE WAS UPDATED. PROGERIARESEARCH.ORG PROVIDES VISITORS WITH ACCESS TO THE LATEST INFORMATION ON PROGERIA RESEARCH, SUPPORT, AND EDUCATION FOR FAMILIES AND CAREGIVERS. IN ADDITION, PRF'S SOCIAL MEDIA PRESENCE AND MEDIA EXPOSURE HELP RAISE AWARENESS OF THE ULTRA-RARE DISEASE GLOBALLY.

PRF TRANSLATION PROGRAM: IN TOUCH WITH THE WORLD. WITH A PROMINENT GLOBAL OUTREACH, PRF ELIMINATES BARRIERS OF COMMUNICATION FOR PATIENTS AND THEIR FAMILIES AROUND THE WORLD. THIS INITIATIVE HAS SUCCEEDED IN TRANSLATING PRF PROGRAM AND MEDICAL CARE MATERIALS INTO OVER 38

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

DIFFERENT LANGUAGES.

THE FOUNDATION EDITS AND PUBLISHES THE PROGERIA HANDBOOK, A GUIDE FOR FAMILIES AND HEALTH CARE PROVIDERS OF CHILDREN WITH PROGERIA. IT IS PUBLISHED IN ENGLISH AND SEVERAL OTHER LANGUAGES TO ALLOW ITS USE THROUGHOUT THE WORLD.

THE FOUNDATION MAINTAINS AN INTERNATIONAL PROGERIA REGISTRY CONTAINING CENTRALIZED INFORMATION ON CHILDREN AND FAMILIES LIVING WITH PROGERIA. THIS ASSURES RAPID DISTRIBUTION OF ANY NEW INFORMATION THAT MAY BENEFIT THE CHILDREN.

PRF ORGANIZES SCIENTIFIC CONFERENCES THAT BRING TOGETHER SCIENTISTS AND CLINICIANS FROM ALL OVER THE WORLD TO SHARE THEIR EXPERTISE AND CUTTING EDGE SCIENTIFIC DATA, AND FOSTER COLLABORATION IN THE FIGHT AGAINST PROGERIA AND OTHER AGING RELATED ILLNESSES.

CLINICAL TRIALS 2020: OUR TRIAL TEAM CONTINUES TO ENSURE THAT THE CURRENT PRF-FUNDED CLINICAL TRIAL IS RUNNING EFFECTIVELY AND EFFICIENTLY. DUE TO THE COVID-19 PANDEMIC, ONLY 10 TRIAL PARTICIPANTS WERE ABLE TO COME TO BOSTON FOR THEIR VISITS, WHERE THEY UNDERWENT A SERIES OF TESTS AND GOT NEW DRUG SUPPLY. TRIAL RESULTS WILL DETERMINE WHETHER THE 2-DRUG COMBINATION OF EVEROLIMUS PLUS LONAFARNIB IS A MORE EFFECTIVE TREATMENT FOR PROGERIA THAN LONAFARNIB ALONE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE PROGERIA 2-DRUG, PHASE I/II TRIAL

IN 2015, PRF OBTAINED ALL NECESSARY APPROVALS FOR ITS THIRD TYPE OF CLINICAL TRIAL, WHICH WILL ASSESS A TWO-DRUG COMBINATION OF LONAFARNIB AND EVEROLIMUS. EVEROLIMUS IS A FORM OF THE DRUG RAPAMYCIN, BUT

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

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 COMPLETED IN MID-2017.

IN JULY 2017, FOLLOWING THE SUCCESSFUL COMPLETION OF PHASE I, THE CLINICAL TRIAL MOVED ONTO PHASE II. PHASE II OF THE TRIAL TESTS THE EFFECTIVENESS OF THE 2-DRUG COMBINATION. FROM 2016 THROUGH 2020, 60 CHILDREN AND YOUNG ADULTS WITH PROGERIA FROM 26 COUNTRIES SPEAKING 16 LANGUAGES WERE ENROLLED AND TRAVELED TO BOSTON FOR THEIR TRIAL VISITS AT BOSTON CHILDREN'S HOSPITAL, WHERE THEY 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:

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

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, EXECUTIVE DIRECTOR AND THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 14:

DISCUSSED AT ANNUAL BOARD MEETINGS

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S SALARIES FOR 2020 WERE DETERMINED BY THE INDEPENDENT VOTING MEMBERS AFTER REVIEW OF THE DUTIES PERFORMED AND DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS. THERE WERE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES IN 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:

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 EXPENSES	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	24,177.

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	24,177.
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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 EXPENSES	6,830.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	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.
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PROFESSIONAL DEVELOPMENT:

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	907.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	907.

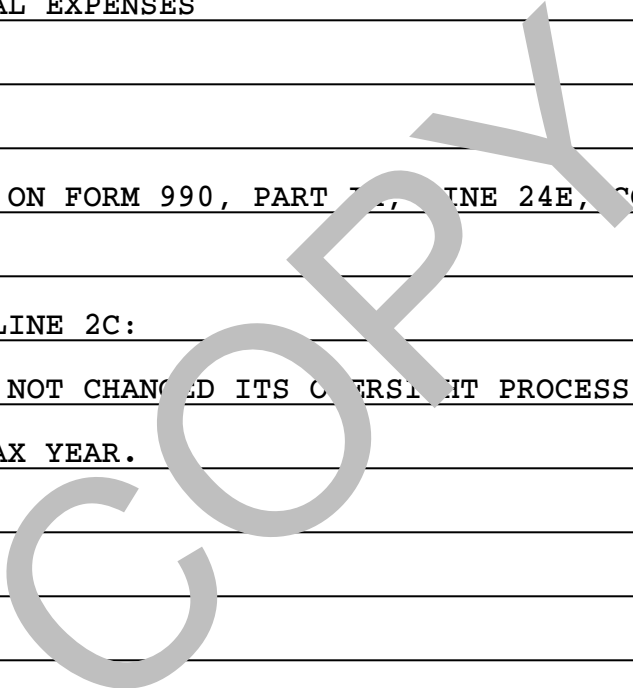
PATIENT HANDBOOKS:

PROGRAM SERVICE EXPENSES	504.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	504.

TOTAL OTHER EXPENSES ON FORM 990, PART VII, LINE 24E, COL A 339,350.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OPERATING PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	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		HY17	5,580.				5,580.	5,580.		0.	5,580.
3	EQUIPMENT	06/29/12	200DB	5.00		HY17	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	200DB	5.00		HY17	3,500.				3,500.	3,185.		0.	3,185.
7	EQUIPMENT	06/30/15	200DB	5.00		HY17					1,295.	1,091.		75.	1,166.
8	EQUIPMENT	11/17/15	200DB	5.00		HY17	750.				750.	581.		43.	624.
9	EQUIPMENT	01/12/16	200DB	5.00		HY17	1,395.				1,395.	1,154.		161.	1,315.
10	EQUIPMENT	08/10/16	200DB	5.00		HY17	10,760.				10,760.	8,901.		1,240.	10,141.
23	EQUIPMENT	12/21/17	200DB	5.00		MC17	865.				865.	569.		118.	687.
26	HP COMPUTER	01/03/18	200DB	5.00		MC17	1,310.				1,310.	800.		204.	1,004.
27	COMPUTER EQUIPMENT	11/16/18	200DB	5.00		MC17	4,525.				4,525.	1,946.		1,032.	2,978.
28	LENOVO LAPTOP	12/23/18	200DB	5.00		MC17	1,859.				1,859.	799.		424.	1,223.
31	FREEZER	04/22/19	200DB	5.00		MC17	15,190.				15,190.	3,798.		4,557.	8,355.
32	FREEZER	10/18/19	200DB	5.00		MC17	14,716.				14,716.	736.		5,592.	6,328.
34	OFFICE COMPUTERS	12/31/19	200DB	5.00		MC17	7,582.				7,582.	379.		2,881.	3,260.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	COMPUTER EQUIPMENT	12/11/20	200DB	5.00		MC19B	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		HY17	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		HY43	23,158.				23,158.	8,853.		1,362.	10,215.
14	PATENT LEGAL COSTS	07/01/14		192M		HY43					7,443.	2,557.		465.	3,022.
15	PATENT IN-KIND	07/01/14		192M		HY43	42,188.				42,188.	14,503.		2,637.	17,140.
16	PATENT LEGAL COSTS	10/22/15		180M		HY43	2,505.				2,505.	696.		167.	863.
17	PATENT IN-KIND	07/01/15		180M		HY43	32,238.				32,238.	9,671.		2,149.	11,820.
21	PATENT LEGAL COSTS-209197	06/01/16		180M		HY43	4,366.				4,366.	1,043.		291.	1,334.
22	PATENT LEGAL COSTS-286619	10/27/16		180M		HY43	1,970.				1,970.	415.		131.	546.
29	PATENT - JMB BEN DAVIS	04/10/18		180M		HY43	2,892.				2,892.	338.		193.	531.
30	PATENT - JMB BEN DAVIS	11/01/18		180M		HY43	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		HY43	3,000.				3,000.	2,750.		250.	3,000.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	WEBSITE DEVELOPMENT COSTS	06/01/17		36M		HY43	3,000.				3,000.	2,583.		417.	3,000.
33	WEBSITE DEVELOPMENT COSTS	05/01/19		36M		HY43	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.	93,938.		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						229,938.			0.	229,938.	93,938.			122,246.
	ENDING ACCUM DEPR											122,246.			
	ENDING BOOK VALUE											107,692.			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ 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, INC.

FORM 990 PAGE 10

04-3460220

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	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 11	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A			
17	MACRS deductions for assets placed in service during the tax year beginning before 2020	17	16,748.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	2,150.	5 YRS.	MQ	200DB	108.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	16,856.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 50% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and employee use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44 include amortization details for Patent Registration Fee.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - PROGERIA RESEARCH FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	EQUIPMENT											
1	EQUIPMENT	060101	200DB	7.00	17	2,781.			2,781.	2,781.		0.
2	EQUIPMENT	093011	200DB	5.00	17	5,580.			5,580.	5,580.		0.
3	EQUIPMENT	062912	200DB	5.00	17	4,260.			4,260.	4,260.		0.
4	EQUIPMENT	063013	200DB	5.00	17	5,969.			5,969.	5,969.		0.
5	EQUIPMENT	043014	200DB	5.00	17	2,721.			2,721.	2,721.		0.
6	EQUIPMENT	103114	200DB	5.00	17	3,500.			3,500.	3,185.		0.
7	EQUIPMENT	063015	200DB	5.00	17	1,295.			1,295.	1,091.		75.
8	EQUIPMENT	111715	200DB	5.00	17	750.			750.	581.		43.
9	EQUIPMENT	011216	200DB	5.00	17	1,395.			1,395.	1,154.		161.
10	EQUIPMENT	081016	200DB	5.00	17	10,760.			10,760.	8,901.		1,240.
23	EQUIPMENT	122117	200DB	5.00	17	865.			865.	569.		118.
26	HP COMPUTER	010318	200DB	5.00	17	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.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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
35	COMPUTER EQUIPMENT	121120	200DB	5.00	19B	2,150.			2,150.			108.
	* 990 PAGE 10 TOTAL - EQUIPMENT					87,208.		0.	87,208.	45,250.		16,435.
12	LEASEHOLD IMPROVEMENTS	033114	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.
13	PATENT FTI PATENT- LEGAL FEES	070113		204M	43	23,158.			23,158.	8,853.		1,362.
14	PATENT LEGAL COSTS	070114		192M	43	7,443.			7,443.	2,557.		465.
15	PATENT IN-KIND	070114		192M	43	42,188.			42,188.	14,503.		2,637.
16	PATENT LEGAL COSTS	102215		180M	43	2,505.			2,505.	696.		167.
17	PATENT IN-KIND	070115		180M	43	32,238.			32,238.	9,671.		2,149.
21	PATENT LEGAL COSTS-209197	060116		180M	43	4,366.			4,366.	1,043.		291.
22	PATENT LEGAL COSTS-286619	102716		180M	43	1,970.			1,970.	415.		131.
29	PATENT - JMB BEN DAVIS	041018		180M	43	2,892.			2,892.	338.		193.
30	PATENT - JMB BEN DAVIS	110118		180M	43	2,885.			2,885.	224.		192.
36	PATENT REGISTRATION FEE	090820		180M	42	385.			385.			9.
	* 990 PAGE 10 TOTAL - PATENT					120,030.		0.	120,030.	38,300.		7,596.
24	WEBSITE DEVELOPMENT COSTS	040117		36M	43	3,000.			3,000.	2,750.		250.

2020 DEPRECIATION AND AMORTIZATION REPORT

- 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
25	WEBSITE DEVELOPMENT COSTS	060117		36M	43	3,000.			3,000.	2,583.		417.
33	WEBSITE DEVELOPMENT COSTS	050119		36M	43	9,568.			9,568.	2,126.		3,189.
	* 990 PAGE 10 TOTAL - PATENT					15,568.		0.	15,568.	7,459.		3,856.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					229,938.		0.	229,938.	93,938.		28,308.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					227,403.		0.	227,403.	93,938.		
	ACQUISITIONS					535.		0.	2,535.	0.		
	DISPOSITIONS							0.	0.	0.		
	ENDING BALANCE					229,938.		0.	229,938.	93,938.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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	200DB	7.00	2,781.		2,781.	2,781.	0.
2	EQUIPMENT	093011	200DB	5.00	5,580.		5,580.	5,580.	0.
3	EQUIPMENT	062912	200DB	5.00	4,260.		4,260.	4,260.	0.
4	EQUIPMENT	063013	200DB	5.00	5,969.		5,969.	5,969.	0.
5	EQUIPMENT	043014	200DB	5.00	2,721.		2,721.	2,721.	0.
6	EQUIPMENT	103114	200DB	5.00	3,500.		3,500.	3,185.	0.
7	EQUIPMENT	063015	200DB	5.00	1,295.		1,295.	1,166.	0.
8	EQUIPMENT	111715	200DB	5.00	750.		750.	624.	0.
9	EQUIPMENT	011216	200DB	5.00	1,395.		1,395.	1,315.	80.
10	EQUIPMENT	081016	200DB	5.00	10,760.		10,760.	10,141.	619.
23	EQUIPMENT	122117	200DB	5.00	865.		865.	687.	95.
26	HP COMPUTER	010318	200DB	5.00	1,310.		1,310.	1,004.	144.
27	COMPUTER EQUIPMENT	111618	200DB	5.00	4,525.		4,525.	2,978.	619.
28	LENOVO LAPTOP	122318	200DB	5.00	1,859.		1,859.	1,223.	254.
31	FREEZER	041119	200DB	5.00	15,190.		15,190.	8,355.	2,734.
32	FREEZER	011819	200DB	5.00	14,716.		14,716.	6,328.	3,355.
34	OFFICE COMPUTERS	023119	200DB	5.00	7,582.		7,582.	3,260.	1,729.
35	COMPUTER EQUIPMENT	211202	200DB	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	033111	150DB	15.00	7,132.		7,132.	3,350.	421.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS				7,132.		7,132.	3,350.	421.
	PATENT								
13	FTI PATENT- LEGAL FEES	070113		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

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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
36	PATENT REGISTRATION FEE	090820		180M	385.		385.	9.	26.
	* 990 PAGE 10 TOTAL - PATENT				120,030.		120,030.	45,896.	7,613.
24	WEBSITE DEVELOPMENT COSTS	040117		36M	3,000.		3,000.	3,000.	0.
25	WEBSITE DEVELOPMENT COSTS	060117		36M	3,000.		3,000.	3,000.	0.
33	WEBSITE DEVELOPMENT COSTS	050119		36M	9,568.		9,568.	5,315.	3,189.
	* 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.

COPY

(D) - Asset disposed

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