

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROGERIA RESEARCH FOUNDATION, INC.		D Employer identification number 04-3460220
	Doing business as		E Telephone number 978-535-2594
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 3453		G Gross receipts \$ 13,435,755.
	City or town, state or province, country, and ZIP or foreign postal code PEABODY, MA 01961-3453		
F Name and address of principal officer: AUDREY GORDON, ESQ 200 LAKE STREET, PEABODY, MA 01960		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PROGERIARESEARCH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1999
M State of legal domicile: MA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DISCOVER TREATMENTS & CURE FOR PROGERIA & ITS AGING-RELATED DISORDERS, INCLUDING HEART DISEASE.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 15
	6 Total number of volunteers (estimate if necessary) 6 75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,702,374. 2,118,542.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,009,860. -362,102.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,507,528. 37,410.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49,219,762. 1,793,850.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 741,812. 863,660.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 150,695.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,888,895. 1,969,659.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,160,686. 3,126,766.	
19 Revenue less expenses. Subtract line 18 from line 12 46,059,076. -1,332,916.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 53,690,802. 47,596,733.
	21 Total liabilities (Part X, line 26) 337,042. 772,349.
	22 Net assets or fund balances. Subtract line 21 from line 20 53,353,760. 46,824,384.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	AUDREY GORDON, ESQ, PRESIDENT, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARCI J. COHEN	MARCI J. COHEN	10/23/23	<input type="checkbox"/>	P00830439
Preparer Use Only	Firm's name	Firm's EIN			
	LITMANGERSON ASSOCIATES, LLP	04-2694095			
Preparer Use Only	Firm's address	Phone no.			
	500 W. CUMMINGS PARK, SUITE 5650 WOBURN, MA 01801	781-569-4700			

May the IRS discuss this return with the preparer shown above? See instructions 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 \$ 293,447. including grants of \$ 293,447.) (Revenue \$) RESEARCH GRANTS: PRF HAS AWARDED 84 RESEARCH GRANTS TOTALING \$9.17 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 \$ 695,775. 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.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 403,796. 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 \$ 935,240. including grants of \$) (Revenue \$)

4e Total program service expenses 2,328,258.

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 H.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
16b	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 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 - 978-535-2594
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) AUDREY GORDON PRESIDENT	40.00			X				170,000.	0.	25,500.
(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	X						0.	0.	0.
(6) KIM PARATORE CLERK/DIRECTOR	1.00	X		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) MATTHEW WINTERS DIRECTOR	1.00	X						0.	0.	0.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							170,000.	0.	25,500.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							170,000.	0.	25,500.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	703,665.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	240,052.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,174,825.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 63,080.			
	h	Total. Add lines 1a-1f		2,118,542.			
Program Service Revenue	2 a	_____	Business Code				
	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)		1,032,490.		1032490.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	11,454,856.			
	c	Gain or (loss)	7c	-1,394,592.			
d	Net gain or (loss)		-1,394,592.		-1394592.		
8 a	Gross income from fundraising events (not including \$ 703,665. of contributions reported on line 1c). See Part IV, line 18	8a					
			224,459.				
b	Less: direct expenses	8b	187,049.				
c	Net income or (loss) from fundraising events		37,410.		37,410.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,793,850.	0.	0.	-324,692.	

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 ...				
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	293,447.	293,447.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,500.	161,625.	21,550.	32,325.
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	568,761.	315,427.	173,484.	79,850.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,277.	12,244.	120.	3,913.
10 Payroll taxes	63,122.	38,720.	15,523.	8,879.
11 Fees for services (nonemployees):				
a Management				
b Legal	67,931.	59,381.	8,550.	
c Accounting	62,256.		62,256.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	215,038.		215,038.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	26,706.	7,581.	13,050.	6,075.
12 Advertising and promotion				
13 Office expenses	23,055.		18,946.	4,109.
14 Information technology				
15 Royalties				
16 Occupancy	55,180.	11,036.	41,871.	2,273.
17 Travel	3,647.	690.	1,294.	1,663.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	367.		367.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,729.	8,981.	8,748.	
23 Insurance	17,126.		17,126.	
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	695,775.	695,775.		
b FUTURE TRIAL EFFORTS	237,046.	237,046.		
c SCIENTIFIC WORKSHOP	142,603.	142,603.		
d CELL AND TISSUE BANK	111,146.	111,146.		
e All other expenses SEE SCH O	294,054.	232,556.	49,890.	11,608.
25 Total functional expenses. Add lines 1 through 24e	3,126,766.	2,328,258.	647,813.	150,695.
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 <input type="checkbox"/> 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	8,461,161.	2	7,949,592.
	3 Pledges and grants receivable, net		3	110,283.
	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	57,174.	9	46,854.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 104,134.		
	b Less: accumulated depreciation	10b 84,942.	19,605.	10c 19,192.
	11 Investments - publicly traded securities	44,532,017.	11	38,574,573.
	12 Investments - other securities. See Part IV, line 11	545,956.	12	564,245.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	71,889.	14	62,908.
	15 Other assets. See Part IV, line 11	3,000.	15	269,086.
16 Total assets. Add lines 1 through 15 (must equal line 33)	53,690,802.	16	47,596,733.	
Liabilities	17 Accounts payable and accrued expenses	337,042.	17	506,883.
	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	
	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	0.	25	265,466.
	26 Total liabilities. Add lines 17 through 25	337,042.	26	772,349.
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	53,353,760.	27	46,824,384.
	28 Net assets with donor restrictions		28	
	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	53,353,760.	32	46,824,384.
	33 Total liabilities and net assets/fund balances	53,690,802.	33	47,596,733.

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	1,793,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,126,766.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,332,916.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,353,760.
5	Net unrealized gains (losses) on investments	5	-5,196,460.
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	46,824,384.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b 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 taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2837553.	4943791.	2086515.	1716497.	2155952.	13740308.
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	2837553.	4943791.	2086515.	1716497.	2155952.	13740308.
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)						1458172.
6 Public support. Subtract line 5 from line 4.						12282136.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2837553.	4943791.	2086515.	1716497.	2155952.	13740308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,164.	102,997.	123,025.	930,288.	1032490.	2235964.
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.)				46493405.		46493405.
11 Total support. Add lines 7 through 10						62469677.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	19.66	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	19.71	%
16a 33 1/3% support test - 2022. 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 type="checkbox"/>
b 33 1/3% support test - 2021. 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 - 2022. 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 checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 make grants to 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 amendment to 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 a majority of the 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 that 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 last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on 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>	Yes	No	
b Did the activities described on 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	1c	
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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

SUMMARY OF FACTS AND CIRCUMSTANCES WHICH ESTABLISH THAT THE PROGERIA RESEARCH FOUNDATION (PRF) IS IN THE NATURE OF AN ORGANIZATION THAT IS PUBLICLY SUPPORTED.

THE MISSION OF THE PROGERIA RESEARCH FOUNDATION (PRF) IS TO FIND TREATMENTS AND THE CURE FOR HUTCHINSON-GILFORD PROGERIA (PROGERIA) SYNDROME, A FATAL, ULTRA-RARE, "RAPID AGING" DISEASE THAT AFFLICTS CHILDREN WHO, WITHOUT TREATMENT, DIE AT AN AVERAGE AGE OF 14 YEARS.

PRF HAS SOLICITED CONTRIBUTIONS FROM THE GENERAL PUBLIC FROM ITS INCEPTION IN 1999. PRF HAS REPORTED THE FOLLOWING PERCENTAGES OF PUBLIC SUPPORT FOR THE PAST 7 YEARS:

- 2021 = 19.71%
- 2020 = 74.45%
- 2019 = 75.54%
- 2018 = 86.54%
- 2017 = 94.36%
- 2016 = 94.36%
- 2015 = 90.84%

AS ILLUSTRATED ABOVE, PRIOR TO RECEIVING THE EXTRAORDINARY FUNDING IN 2021, PRF'S PERCENTAGE OF PUBLIC SUPPORT SIGNIFICANTLY EXCEEDED 33 1/3%. PRF CONTINUES ALL FUNDRAISING EFFORTS AND EXPECTS TO RETURN TO THE 33 1/3% OF PUBLIC SUPPORT IN THE COMING YEARS.

NUMBER OF DONORS FOR THE PAST 7 YEARS:

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.)

2021 = 2,441

2020 = 2,786

2019 = 3,245

2018 = 3,670

2017 = 3,859

2016 = 4,146

2015 = 4,097

WITH A PROGRAM RATIO THAT MEETS OR EXCEEDS 80% EACH YEAR, PRF EXPENDS SUBSTANTIALLY ALL OF ITS ANNUAL INCOME FOR ITS EXEMPT PURPOSE AND DEPENDS ON THE FUNDS IT SOLICITS ANNUALLY FROM THE PUBLIC AS WELL AS ITS INVESTMENT INCOME TO SUPPORT THEIR PROGRAMS ON AN ONGOING BASIS. FOR ITS ENTIRE EXISTENCE PRF HAS BEEN RELENTLESSLY FOCUSED ON FINDING TREATMENTS AND THE CURE FOR PROGERIA.

IN NOVEMBER 2020, FEDERAL FOOD AND DRUG ADMINISTRATION (FDA) APPROVAL WAS GRANTED FOR LONAFARNIB (ALSO KNOWN AS ZOKINVY) FOR THE TREATMENT OF PROGERIA. THE PRF-FUNDED CLINICAL DRUG TRIAL INVOLVING LONAFARNIB PROVIDED SIGNIFICANT DATA AND ANALYSIS FOR THE NEW DRUG APPLICATION (NDA) THAT LED TO APPROVAL. AS A DIRECT RESULT OF THIS APPROVAL, AND IN ACCORDANCE WITH THE FEDERAL FOOD, DRUG, AND COSMETIC ACT (FD&C ACT), THE FDA AWARDED A PRIORITY REVIEW VOUCHER (PRV) TO THE SPONSOR OF THIS RARE PEDIATRIC DISEASE PRODUCT NDA. IN 2021, PURSUANT TO A COLLABORATION AGREEMENT WITH THE SPONSOR, PRF RECEIVED PROCEEDS ON THE SALE OF THE PRV IN THE AMOUNT OF \$46,493,405. IT IS THE INTENTION OF PRF TO USE THIS EXTRAORDINARY FUNDING TO SUPPORT THE NEXT GENERATION OF RESEARCH AND FUTURE DRUG TRIALS THAT WILL LEAD TO MORE ADVANCED TREATMENTS AND, ULTIMATELY, THE CURE FOR

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.)

PROGERIA.

ANNUALLY, PRF SOLICITS CONTRIBUTIONS FROM THE PUBLIC TO SUPPORT ITS ONGOING PROGRAMS AND SERVICES. FUNDRAISING EFFORTS INCLUDE THE FOLLOWING:

- A. VOLUNTEER-LED EVENTS (GOLF TOURNAMENTS, MOTORCYCLE RIDES, ETC.)
- B. AN ANNUAL 5K RUN, 2-MILE WALK RACE IN PEABODY, MA WITH 300 PARTICIPANTS
- C. THE ANNUAL FALMOUTH ROAD RACE, WITH A TEAM OF OVER 20 RUNNERS
- D. THE ANNUAL BOSTON MARATHON, WITH A 2-PESON TEAM
- E. BI-ANNUAL GALA & AUCTION, INCLUDING 350 GUESTS
- F. BI-ANNUAL GOLF TOURNAMENT, WITH NEARLY 100 PLAYERS
- G. MAILING AND SOCIAL MEDIA CAMPAIGNS: MID-YEAR "ONE POSSIBLE" AND END OF YEAR "GIVING TUESDAY", AMONG OTHERS.

FUNDS RAISED ARE USED TO SUPPORT THE FOLLOWING PROGRAMS:

- A. ONGOING CLINICAL DRUG TRIAL AT BOSTON CHILDREN'S HOSPITAL
- B. RESEARCH GRANTS FOR THE ADVANCEMENT OF DISEASE UNDERSTANDING AND TREATMENT
- C. RESEARCH FOR POTENTIAL FUTURE CLINICAL TRIALS
- D. THE PRF DIAGNOSTIC TESTING PROGRAM
- E. THE PRF CELL & TISSUE BANK
- F. THE PRF MEDICAL & RESEARCH DATABASE
- G. PRF-ORGANIZED SCIENTIFIC CONFERENCES
- H. WEBSITE FOR PUBLIC AWARENESS AND COMMUNICATION
- I. THE PROGERIA HANDBOOK A TREATMENT GUIDE FOR FAMILIES AND HEALTH CARE PROVIDERS OF THOSE WITH PROGERIA
- J. THE PRF INTERNATIONAL PROGERIA REGISTRY
- K. PRF'S TRANSLATION PROGRAM
- L. DEVELOPMENT OF A BIOMARKER TO MEASURE THE DISEASE-CAUSING TOXIC

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.)

PROTEIN, PROGERIN

PRF HAS A NINE-MEMBER BOARD OF DIRECTORS. BOARD MEMBERS' PROFESSIONAL BACKGROUNDS INCLUDE THE LEGAL, ACCOUNTING, PUBLIC RELATIONS, EVENT PLANNING FIELDS AS WELL AS EXECUTIVE LEADERSHIP AND MANAGEMENT OF FOR-PROFIT BUSINESSES. THE BOARD PROVIDES OVERSIGHT OF OPERATIONS AND PROGRAMS TO ENSURE NO ACTIVITIES ARE FOR THE BENEFIT OF PRIVATE INTERESTS.

ON AN ANNUAL BASIS, PRF NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM THE GENERAL PUBLIC, GOVERNMENT GRANTS, AND NET INVESTMENT EARNINGS. THE SUPPORT PRF RECEIVES IS USED TO CONTINUE THE MISSION TO DISCOVER TREATMENTS AND THE CURE FOR PROGERIA. IN 2021, PRF RECEIVED AN EXTRAORDINARY SOURCE OF SUPPORT THAT WAS THE RESULT OF DECADES-LONG RESEARCH AND OPERATION OF PRF'S RESEARCH-RELATED PROGRAMS.

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

2022

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, acquired after 2006), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

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 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 1g, 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? | 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.	4,193.	2,939.
d Equipment		97,002.	80,749.	16,253.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,192.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) OPERATING LEASE LIABILITY	265,466.
(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	-2,290,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,196,460.	
b	Donated services and use of facilities	2b	1,327,400.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-3,869,060.	
3	Subtract line 2e from line 1	3	1,578,812.	
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	215,038.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	215,038.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,793,850.	

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	4,239,128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,327,400.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,327,400.	
3	Subtract line 2e from line 1	3	2,911,728.	
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	215,038.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	215,038.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,126,766.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

**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

2022

Open to Public
Inspection

Name of the organization: **PROGERIA RESEARCH FOUNDATION, INC.** Employer identification number: **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.

1 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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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		237,341.
SOUTH AMERICA			GRANT MAKING		37,356.
CARIBBEAN			GRANT MAKING		18,750.
3 a Subtotal	0	0			293,447.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			293,447.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	MEDICAL RESEARCH	237,341.		0.		
		SOUTH AMERICA	MEDICAL RESEARCH	37,356.		0.		
		CARIBBEAN	MEDICAL RESEARCH	18,750.		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 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 countries 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

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 I, LINE 3:

METHOD OF ACCOUNTING IS ACCRUAL.

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
		NOW GALA (event type)	GOLF TOURNAMENT - (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1	596,491.	166,789.	164,844.	928,124.
	2	438,660.	123,897.	141,108.	703,665.
	3	157,831.	42,892.	23,736.	224,459.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	131,526.	35,743.	19,780.	187,049.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				37,410.

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) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<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)*

Multiple horizontal lines for supplemental information.

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AUDREY GORDON PRESIDENT	(i)	170,000.	0.	0.	0.	25,500.	195,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	1	63,080.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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) 2022

232211 10-28-22

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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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 2022: ONE FINAL PATIENT VISIT TO BOSTON TOOK PLACE FOR THE 2-DRUG TRIAL. AS WITH ALL PREVIOUS TRIAL VISITS, THE PATIENT UNDERWENT A SERIES OF TESTS AND RECEIVED A NEW DRUG SUPPLY OF LONAFARNIB WHICH HE/SHE WILL CONTINUE TO TAKE AT HOME, AS THIS FDA-APPROVED DRUG IS THE STANDARD OF CARE. NOW THAT ALL PATIENT VISITS HAVE BEEN COMPLETED, THE TRIAL TEAM IS EVALUATING THE DATA TO DETERMINE WHETHER THE 2-DRUG COMBINATION OF EVEROLIMUS PLUS LONAFARNIB IS A MORE EFFECTIVE TREATMENT FOR PROGERIA THAN LONAFARNIB ALONE. IN ADDITION, FOUR NAVE CHILDREN CAME TO BOSTON TO UNDERGO TESTING AND OBTAIN LONAFARNIB FOR THE PROLON 3 (LONAFARNIB EXTENSION) TRIAL, WHICH ALLOWS CHILDREN WHO ARE UNABLE TO OBTAIN LONAFARNIB IN THEIR HOME COUNTRY TO RECEIVE THIS LIFE EXTENDING TREATMENT THROUGH THIS TRIAL, WHILE ALSO GATHERING IMPORTANT DISEASE-RELATED DATA.

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

Name of the organization	PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number	04-3460220
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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 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 2022, THE 20+-MEMBER TRIAL TEAM BEGAN TO EVALUATE THE 2-DRUG TRIAL DATA TO DETERMINE WHETHER THE 2-DRUG COMBINATION OF EVEROLIMUS PLUS LONAFARNIB IS A MORE EFFECTIVE TREATMENT FOR PROGERIA THAN LONAFARNIB ALONE.

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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GAIN ON SALE OF PRIORITY REVIEW VOUCHERS: IN JANUARY 2021, PURSUANT TO THE COLLABORATION AND SUPPLY AGREEMENT ENTERED INTO BY THE ORGANIZATION, THE ORGANIZATION AND AN UNRELATED PARTY REACHED AN AGREEMENT WITH A THIRD PARTY FOR THE SALE OF U.S. FOOD AND DRUG ADMINISTRATION PRIORITY REVIEW VOUCHER. THE ORGANIZATION'S SHARE OF THE PROCEEDS WAS \$47,442,250. THE ORGANIZATION RECOGNIZED A GAIN RELATED TO THIS SALE DURING THE YEAR ENDED DECEMBER 31, 2021 TOTALING \$46,493,405, WHICH REPRESENTS THEIR SHARE OF THE PROCEEDS LESS CERTAIN SELLING COSTS OF \$948,845.

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

AUDREY GORDON WHO IS THE PRESIDENT IS THE SISTER OF 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).

THE PRESIDENT ALSO SERVES AS PRF'S EXECUTIVE DIRECTOR. HER ROLE AS PRESIDENT, AS WITH ALL CORPORATE PRF OFFICERS, IS A VOLUNTEER POSITION; HER ROLE AS ED IS A PAID STAFF POSITION.

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 12C:

DISCUSSED AT ANNUAL BOARD MEETINGS.

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

THE ED'S SALARY FOR 2022 WAS DETERMINED BY THE INDEPENDENT VOTING MEMBERS AFTER REVIEW OF THE DUTIES PERFORMED AND DATA AS TO

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS. THERE WERE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES IN 2022.

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.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DIAGNOSTIC TESTING:

PROGRAM SERVICE EXPENSES	96,729.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,729.

MEDICAL AND RESEARCH DATABASE:

PROGRAM SERVICE EXPENSES	79,101.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	79,101.

PRINTING:

PROGRAM SERVICE EXPENSES	24,251.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	9,296.

Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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TOTAL EXPENSES	33,547.
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COMPUTER EXPENSES:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	26,196.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	26,196.
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MEDIA EXPENSE:

PROGRAM SERVICE EXPENSES	22,268.
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MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	22,268.
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ONLINE PROCESSING FEES:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	13,304.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	13,304.
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POSTAGE AND SHIPPING:

PROGRAM SERVICE EXPENSES	5,557.
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MANAGEMENT AND GENERAL EXPENSES	4,958.
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FUNDRAISING EXPENSES	2,312.
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TOTAL EXPENSES	12,827.
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RESEARCH ACTIVITIES:

PROGRAM SERVICE EXPENSES	4,015.
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Name of the organization PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,015.

DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,766.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,766.

PROFESSIONAL DEVELOPMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,666.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,666.

PATIENT HANDBOOKS:

PROGRAM SERVICE EXPENSES	635.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	635.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 294,054.

FORM 990, PART XII, LINE 2C:

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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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.				1,295.	1,166.		0.	1,166.
8	EQUIPMENT	11/17/15	200DB	5.00		HY17	750.				750.	624.		0.	624.
9	EQUIPMENT	01/12/16	200DB	5.00		HY17	1,395.				1,395.	1,395.		0.	1,395.
10	EQUIPMENT	08/10/16	200DB	5.00		HY17	10,760.				10,760.	10,760.		0.	10,760.
23	EQUIPMENT	12/21/17	200DB	5.00		MC17	865.				865.	782.		83.	865.
26	HP COMPUTER	01/03/18	200DB	5.00		MC17	1,310.				1,310.	1,148.		144.	1,292.
27	COMPUTER EQUIPMENT	11/16/18	200DB	5.00		MC17	4,525.				4,525.	3,597.		495.	4,092.
28	LENOVO LAPTOP	12/23/18	200DB	5.00		MC17	1,859.				1,859.	1,477.		203.	1,680.
31	FREEZER	04/22/19	200DB	5.00		MC17	15,190.				15,190.	11,089.		1,727.	12,816.
32	FREEZER	10/18/19	200DB	5.00		MC17	14,716.				14,716.	9,683.		2,013.	11,696.
34	OFFICE COMPUTERS	12/31/19	200DB	5.00		MC17	7,582.				7,582.	4,989.		1,037.	6,026.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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	MC17	2,150.				2,150.	925.		490.	1,415.
37	LENOVO LAPTOP	03/15/21	200DB	5.00	HY17	1,459.				1,459.	292.		467.	759.
40	CONFERENCE ROOM TABLE, DESK AND CHAIRS	08/25/22	200DB	5.00	HY19B	3,730.				3,730.			746.	746.
41	HP PRINTER	07/11/22	200DB	5.00	HY19B	750.				750.			150.	150.
42	LENOVO THINKPAD	08/14/22	200DB	5.00	HY19B	1,300.				1,300.			260.	260.
43	LENOVO THINKPAD	08/29/22	200DB	5.00	HY19B	1,305.				1,305.			261.	261.
44	COMPUTER	10/14/22	200DB	5.00	HY19B	1,250.				1,250.			250.	250.
	* 990 PAGE 10 TOTAL - EQUIPMENT					97,002.				97,002.	72,423.		8,326.	80,749.
	LEASEHOLD IMPROVEMENTS													
12	LEASEHOLD IMPROVEMENTS	03/31/14	150DB	15.00	HY17	7,132.				7,132.	3,771.		422.	4,193.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS					7,132.				7,132.	3,771.		422.	4,193.
	PATENT													
13	FTI PATENT- LEGAL FEES	07/01/13		204M	HY43	23,158.				23,158.	11,577.		1,362.	12,939.
14	PATENT LEGAL COSTS	07/01/14		192M	HY43	7,443.				7,443.	3,487.		465.	3,952.
15	PATENT IN-KIND	07/01/14		192M	HY43	42,188.				42,188.	19,777.		2,637.	22,414.
16	PATENT LEGAL COSTS	10/22/15		180M	HY43	2,505.				2,505.	1,030.		167.	1,197.
17	PATENT IN-KIND	07/01/15		180M	HY43	32,238.				32,238.	13,969.		2,149.	16,118.
21	PATENT LEGAL COSTS-209197	06/01/16		180M	HY43	4,366.				4,366.	1,625.		291.	1,916.

228111 04-01-22

(D) - Asset disposed

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

2022 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
22	PATENT LEGAL COSTS-286619	10/27/16		180M		HY43	1,970.				1,970.	677.		131.	808.
29	PATENT - JMB BEN DAVIS	04/10/18		180M		HY43	2,892.				2,892.	724.		193.	917.
30	PATENT - JMB BEN DAVIS	11/01/18		180M		HY43	2,885.				2,885.	608.		192.	800.
36	PATENT REGISTRATION FEE	09/08/20		180M		HY43	385.				385.	35.		26.	61.
38	PATENT - TRADEMARK EM ARENT FOX	02/22/21		180M		HY43	4,133.				4,133.	230.		276.	506.
39	PATENT - REGISTRATION FEES	02/22/21		180M		HY43	425.				425.	24.		28.	52.
	* 990 PAGE 10 TOTAL - PATENT						124,588.				124,588.	53,763.		7,917.	61,680.
24	WEBSITE DEVELOPMENT COSTS	04/01/17		36M		HY43	3,000.				3,000.	3,000.		0.	3,000.
25	WEBSITE DEVELOPMENT COSTS	06/01/17		36M		HY43	3,000.				3,000.	3,000.		0.	3,000.
33	WEBSITE DEVELOPMENT COSTS	05/01/19		36M		HY43	9,568.				9,568.	8,504.		1,064.	9,568.
	* 990 PAGE 10 TOTAL - PATENT						15,568.				15,568.	14,504.		1,064.	15,568.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						244,290.				244,290.	144,461.		17,729.	162,190.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						235,955.			0.	235,955.	144,461.			160,523.
	ACQUISITIONS						8,335.			0.	8,335.	0.			1,667.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						244,290.			0.	244,290.	144,461.			162,190.

228111 04-01-22

(D) - Asset disposed

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

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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	1,080,000.
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	2,700,000.
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2023. Add lines 9 and 10, less line 12	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 in tax years beginning before 2022	17	7,081.
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 2022 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	8,335.	5 YRS.	HY	200DB	1,667.
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 2022 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	8,748.
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? 24b If "Yes," is the evidence written?
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (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
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% 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.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration 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

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:
43 Amortization of costs that began before your 2022 tax year STMT 1 43 8,981.
44 Total. Add amounts in column (f). See the instructions for where to report 44 8,981.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
FTI PATENT- LEGAL FEES	07/01/13	23,158.		204M	11,577.	1,362.
PATENT LEGAL COSTS	07/01/14	7,443.		192M	3,487.	465.
PATENT IN-KIND	07/01/14	42,188.		192M	19,777.	2,637.
PATENT LEGAL COSTS	10/22/15	2,505.		180M	1,030.	167.
PATENT IN-KIND	07/01/15	32,238.		180M	13,969.	2,149.
PATENT LEGAL COSTS-209	06/01/16	4,366.		180M	1,625.	291.
PATENT LEGAL COSTS-286	10/27/16	1,970.		180M	677.	131.
PATENT - JMB BEN DAVIS	04/10/18	2,892.		180M	724.	193.
PATENT - JMB BEN DAVIS	11/01/18	2,885.		180M	608.	192.
WEBSITE DEVELOPMENT CO	05/01/19	9,568.		36M	8,504.	1,064.
PATENT REGISTRATION FE	09/08/20	385.		180M	35.	26.
PATENT - TRADEMARK EM	02/22/21	4,133.		180M	230.	276.
PATENT - REGISTRATION	02/22/21	425.		180M	24.	28.
TOTAL TO FORM 4562, LINE 43						8,981.

2022 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.	1,166.		0.
8	EQUIPMENT	111715	200DB	5.00	17	750.			750.	624.		0.
9	EQUIPMENT	011216	200DB	5.00	17	1,395.			1,395.	1,395.		0.
10	EQUIPMENT	081016	200DB	5.00	17	10,760.			10,760.	10,760.		0.
23	EQUIPMENT	122117	200DB	5.00	17	865.			865.	782.		83.
26	HP COMPUTER	010318	200DB	5.00	17	1,310.			1,310.	1,148.		144.
27	COMPUTER EQUIPMENT	111618	200DB	5.00	17	4,525.			4,525.	3,597.		495.
28	LENOVO LAPTOP	122318	200DB	5.00	17	1,859.			1,859.	1,477.		203.
31	FREEZER	042219	200DB	5.00	17	15,190.			15,190.	11,089.		1,727.
32	FREEZER	101819	200DB	5.00	17	14,716.			14,716.	9,683.		2,013.
34	OFFICE COMPUTERS	123119	200DB	5.00	17	7,582.			7,582.	4,989.		1,037.

2022 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	17	2,150.			2,150.	925.		490.
37	LENOVO LAPTOP	031521	200DB	5.00	17	1,459.			1,459.	292.		467.
40	CONFERENCE ROOM TABLE, DESK AND CHA	082522	200DB	5.00	19B	3,730.			3,730.			746.
41	HP PRINTER	071122	200DB	5.00	19B	750.			750.			150.
42	LENOVO THINKPAD	081422	200DB	5.00	19B	1,300.			1,300.			260.
43	LENOVO THINKPAD	082922	200DB	5.00	19B	1,305.			1,305.			261.
44	COMPUTER	101422	200DB	5.00	19B	1,250.			1,250.			250.
	* 990 PAGE 10 TOTAL - EQUIPMENT					97,002.		0.	97,002.	72,423.		8,326.
	LEASEHOLD IMPROVEMENTS											
12	LEASEHOLD IMPROVEMENTS	033114	150DB	15.00	17	7,132.			7,132.	3,771.		422.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVE					7,132.		0.	7,132.	3,771.		422.
	PATENT FTI PATENT- LEGAL FEES	070113		204M	43	23,158.			23,158.	11,577.		1,362.
14	PATENT LEGAL COSTS	070114		192M	43	7,443.			7,443.	3,487.		465.
15	PATENT IN-KIND	070114		192M	43	42,188.			42,188.	19,777.		2,637.
16	PATENT LEGAL COSTS	102215		180M	43	2,505.			2,505.	1,030.		167.
17	PATENT IN-KIND	070115		180M	43	32,238.			32,238.	13,969.		2,149.
21	PATENT LEGAL COSTS-209197	060116		180M	43	4,366.			4,366.	1,625.		291.

2022 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
22	PATENT LEGAL COSTS-286619	102716		180M	43	1,970.			1,970.	677.		131.
29	PATENT - JMB BEN DAVIS	041018		180M	43	2,892.			2,892.	724.		193.
30	PATENT - JMB BEN DAVIS	110118		180M	43	2,885.			2,885.	608.		192.
36	PATENT REGISTRATION FEE	090820		180M	43	385.			385.	35.		26.
38	PATENT - TRADEMARK EM ARENT FOX	022221		180M	43	4,133.			4,133.	230.		276.
39	PATENT - REGISTRATION FEES	022221		180M	43	425.			425.	24.		28.
	* 990 PAGE 10 TOTAL - PATENT					124,588.		0.	124,588.	53,763.		7,917.
24	WEBSITE DEVELOPMENT COSTS	040117		36M	43	3,000.			3,000.	3,000.		0.
25	WEBSITE DEVELOPMENT COSTS	060117		36M	43	3,000.			3,000.	3,000.		0.
33	WEBSITE DEVELOPMENT COSTS	050119		36M	43	9,568.			9,568.	8,504.		1,064.
	* 990 PAGE 10 TOTAL - PATENT					15,568.		0.	15,568.	14,504.		1,064.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					244,290.		0.	244,290.	144,461.		17,729.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					235,955.		0.	235,955.	144,461.		
	ACQUISITIONS					8,335.		0.	8,335.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					244,290.		0.	244,290.	144,461.		

2023 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.	1,395.	0.
10	EQUIPMENT	081016	200DB	5.00	10,760.		10,760.	10,760.	0.
23	EQUIPMENT	122117	200DB	5.00	865.		865.	865.	0.
26	HP COMPUTER	010318	200DB	5.00	1,310.		1,310.	1,292.	18.
27	COMPUTER EQUIPMENT	111618	200DB	5.00	4,525.		4,525.	4,092.	433.
28	LENOVO LAPTOP	122318	200DB	5.00	1,859.		1,859.	1,680.	178.
31	FREEZER	042219	200DB	5.00	15,190.		15,190.	12,816.	1,727.
32	FREEZER	101819	200DB	5.00	14,716.		14,716.	11,696.	1,610.
34	OFFICE COMPUTERS	123119	200DB	5.00	7,582.		7,582.	6,026.	829.
35	COMPUTER EQUIPMENT	121120	200DB	5.00	2,150.		2,150.	1,415.	294.
37	LENOVO LAPTOP	031521	200DB	5.00	1,459.		1,459.	759.	280.
	CONFERENCE ROOM TABLE, DESK AND								
40	CHAIRS	082522	200DB	5.00	3,730.		3,730.	746.	1,194.
41	HP PRINTER	071122	200DB	5.00	750.		750.	150.	240.
42	LENOVO THINKPAD	081422	200DB	5.00	1,300.		1,300.	260.	416.
43	LENOVO THINKPAD	082922	200DB	5.00	1,305.		1,305.	261.	418.
44	COMPUTER	101422	200DB	5.00	1,250.		1,250.	250.	400.
	* 990 PAGE 10 TOTAL - EQUIPMENT				97,002.		97,002.	80,749.	8,037.
	LEASEHOLD IMPROVEMENTS								
12	LEASEHOLD IMPROVEMENTS	033114	150DB	15.00	7,132.		7,132.	4,193.	421.
	* 990 PAGE 10 TOTAL - LEASEHOLD								
	IMPROVEMENTS				7,132.		7,132.	4,193.	421.
	PATENT								
13	FTI PATENT- LEGAL FEES	070113		204M	23,158.		23,158.	12,939.	1,362.
14	PATENT LEGAL COSTS	070114		192M	7,443.		7,443.	3,952.	465.

(D) - Asset disposed

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

2023 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
15	PATENT IN-KIND	070114		192M	42,188.		42,188.	22,414.	2,637.
16	PATENT LEGAL COSTS	102215		180M	2,505.		2,505.	1,197.	167.
17	PATENT IN-KIND	070115		180M	32,238.		32,238.	16,118.	2,149.
21	PATENT LEGAL COSTS-209197	060116		180M	4,366.		4,366.	1,916.	291.
22	PATENT LEGAL COSTS-286619	102716		180M	1,970.		1,970.	808.	131.
29	PATENT - JMB BEN DAVIS	041018		180M	2,892.		2,892.	917.	193.
30	PATENT - JMB BEN DAVIS	110118		180M	2,885.		2,885.	800.	192.
36	PATENT REGISTRATION FEE	090820		180M	385.		385.	61.	26.
38	PATENT - TRADEMARK EM ARENT FOX	022221		180M	4,133.		4,133.	506.	276.
39	PATENT - REGISTRATION FEES	022221		180M	425.		425.	52.	28.
	* 990 PAGE 10 TOTAL - PATENT				124,588.		124,588.	61,680.	7,917.
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.	9,568.	1.
	* 990 PAGE 10 TOTAL - PATENT				15,568.		15,568.	15,568.	1.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				244,290.		244,290.	162,190.	16,376.

(D) - Asset disposed

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