** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 50 t(c), 527, or 4947(a)(1) of the Internal Nevenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

<u> </u>	For 1	ha 2017 calendar year, or tax year beginning and endi	ng			•
£	Check apple	H C Name of organization		D Employer i	dentif	lication number
[Nar	PRADER-WILLI SYNDROME ASSOCIATION (USA)] .		
F	- Initi	Boling business as				<u> 1306908</u>
	retu Pn: retu	1 8588 POTTER PARK DRIVE SUITE 500	n/suite	€ Telephone :		er -312-0400
	larn elek			Q Greas receipts	\$	1,492,995.
	Arm	SARASOTA, FL 34238		H(a) is this a g	roup r	
L						s? Yes X No
		ging 8588 POTTER PARK DRIVE, SUITE 500, SARASO	TA,			Included? Yes No
		xempt status: X 501(c)(3) 501(c) () ◀ (insert np.) 4917(a)(1) or	527			List. (see instructions)
<u>J</u>	Webs	ilte: WWW.PWSAUSA.ORG		H(c) Group exi		
	Form art 1	of organization: X Corporation Trust Association Other V	. Year o			M State of legal domicile: FL
_	Ti	Briefly describe the organization's mission or most significant activities: TO ENHA	MOR	THE OUR		שקדו שה עי
Activities & Governance	1	AND EMPOWER THOSE AFFECTED BY PRADER-WILLI	CVN	TING YOU	TAT !	I OF DIFE
텯	2	Check this box if the organization discontinued its operations or disposed o			—.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)				1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		***************************************		14 14
€.	6	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	22
ğ	6	Total number of volunteers (estimate if necessary)			6	100
ŧ	7,	Total unrelated husiness revenue from Part VIII, column (C), line 12			7a	0.
₹	' ₁	Net unrelated business laxable income from Form 990-T, line 34			7b	0.
	<u> </u>	The state of the s		Prior Year	-1/8	
6	₽.	Contributions and grants (Part VIII, line 1h)		1,565,1	Ř4	Ourrent Year 1,105,466.
Ве мение	9	Program service rovenue (Part VIII, line 2g)		87,5	55	169,620.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\vdash	79,6		72,430.
Ē	11		-	336,6	721	89,287.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), fine 12)		2,069,1	77.	1,436,803.
	13	Grents and similar amounts paid (Part IX, column (A), lines 1-3)	┪	284,4		325,767.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	203/4	77 .1	0.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		772,4		827,951.
&	18a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ехрепсез	ь	Total fundraising expenses (Part IX, column (D), line 25) 84,237.	\vdash		~*	V •
圓	17	Other expenses (Part IX, column (A), lines 11s-11d, 11f-24e)		386,7	11.	763,806.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,443,6	A^{-1}	1,917,524.
	19	Rovenue less expenses. Subtract line 18 from line 12		625,49		-480,721.
S or	<u> </u>		Real	nning of Current'		End of Year
Sets	20	Total assets (Part X, line 16)	2041	2,434,9		2,069,063.
Net Asset Fund Bala	21	Total liabilities (Part X, Ene 26)				138,800.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,363,18		1,930,263.
	ırt II	Signature Block		2,002,12	· .	1720018031
Unde	er pena	ilties of parjury, I declare that I have examined this return, including accompanying schedules and s	latemen	its, and to the bes	of my	knowledge and belief, it is
		ot, and complete Declaration of preparat (afther than officer) is based on all information of which pre				THE PROPERTY IS IN
		17/10/2/10/10		7	7-1	18/1/5
Sign	1	Signature of officer	•	Date	~~	
Here	2	N STEVE QUEION, CEO				
		Type or print name and titls		·		
		Print/Type preparer's pame Preparer's signature	Dat	le Cre	es [PTIN
Paid		MICHAEL R. PENDER	11	/14/18 m	em bloved	P00850742
Prepa		Firm's name CAVANAUGH & CO. LLP		firm's Ell		59-1954606
Uae (Only	Firm's address 2381 FRUITVILLE ROAD		1		
		SARASOTA, FL 34237		Phone no	(94	11)366-2983
Мау	the if	1S discuss this return with the preparer shown above? (see instructions)		1	. ,	X Yes No
71200		B.12 HA For Danenwork Daduction Ant Mation, and the consents instruction				S 000 isse

	n 990 (2017) PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-130 art III Statement of Program Service Accomplishments	6908	Page 2
re	-		(ar)
_	Check if Schedule O contains a response or note to any line in this Part III		<u> (x)</u>
1	Briefly describe the organization's relation: TO ENHANCE THE QUALITY OF LIFE AND EMPOWER THOSE AFFECTED BY		
	PRADER-WILLI SYNDROME.		
	THOUSE WIDEL OTHER COMBI		
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 I	X No
	If "Yes," describe these new services on Schedule C.		
3		Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	exnenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total a		
	revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$ 426,445. Including grants of \$) (Revenue \$	169,8	20.1
	CONFERENCE FOR PROFESSIONALS AND PARENTS DESIGNED TO SHARE NEW		,
	APPROACHES IN DEALING WITH PRADER-WILLI SYNDROME.		
	······································		
			•
	· · · · · · · · · · · · · · · · · · ·		
		-	
4b	(Code:) (Excenses 5 863, 206 . Including grants of 5 61, 228 .) (Revenue \$		
	CRISIS AND INTERVENTION TRAINING TO ASSIST IN TREATMENT AND SU	PPORT.	
		_ / 	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
1 a	(Code:) (Experiescs \$ 322,994. Including grants of \$ 264,539.) (Revenue \$	$1.\overline{4}$	$\overline{1}3.)$
	DISTRIBUTION OF EDUCATIONAL MATERIALS AND PARENT INTERVENTION I	REGARD	ING
	PRADER-WILLI SYNDROME.		<u> </u>
		_ · - <u>-</u> -	
	<u> </u>	•	
			
			
ıd	Other program services (Describe in Schedule O.)		
	(Expenses \$ moluding grants of \$) (Revenue \$	Y	
le.	Total program service expenses 1,612,645.	<u>.</u>	
		Form 99 0	(2017)
		, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- (4-1/1)

		=	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		}	
	lf "Yes," complete Schedule A	1	<u> </u>	↓
2	is the organization required to complete Schedule B, Schedule of Contributor®	2	X	↓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part !	3	+	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			 "
	similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part ///	6		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1	1	1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	В	İ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	† <u></u>
	Schedule D, Part III	8	ĺ	l x
9	Did the organization report an amount in Part X, line 21, for oscrow or custodial account liability, serve as a custodian for	Ť	_	
	amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		•	
	If "Yes," complete Schedule D, Pert IV	9	ŀ	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l i		
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110		Х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Pert IX	11d	Х	
Ģ	Old the organization report an amount for other liabilities in Part X, line 257 if *Yes,* complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tex year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	178	\mathbf{x}	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedula D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<u>12b</u>		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain en office, employees, or agents outside of the United States?	148		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? if "Yes," complete Schedule F, Parts I and IV	14b	ļ	<u>X_</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ŀ	l	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ŀ	
	or for foreign individuals? if "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part i	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	[
	to and 8g? If "Yes," complete Schedule G, Part II	18.	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? If "Yes,"		j	
	complete Schedule G, Part III	19	ĺ	X

			Yes	
20a		. 20a	<u> </u>	<u> </u>
	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		۱	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	├
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 27 if "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		!	
24-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
248	last day of the year, that was issued after December 31, 20027 If 'Yes,' enswer lines 24b through 24d and complete	245		X
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			┝≏
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tex-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			i
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part !	25a		X
Ь	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 980-EZ7 if "Yos," complete	İ		
	Schedule L, Part I	26b		Х
26	Did the organization report any amount on Part X, line 5, 8, or 22 for receivables from or payables to any current or	-		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L., Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		
	of any of these persone? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29]	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ŀ	
	contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	# Yes," complete Schedule N, Part !	31		<u>X_</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schodule N, Pert II	32		Χ.
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? If "Yes," complete Schedule R, Pert I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			•
	Part V, line 1	34		<u> X</u> .
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	355		
36	Section 601(o)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	38		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Pert VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	x	

Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(29) qualified nonprofit health insurance issuers.

amounts due or received from them.) [11b]

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

х

12a

14a

Form 990 (2017) PRADER -WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 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 in Schedule O. See instructions.

	, , , ,			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	etion A. Governing Body and Management		1	
			Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year1a1	4	l	•
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1		ŀ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	<u>l</u> l	l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		8	\vdash	X
6	Did the organization have members or stockholders?			
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l		
	more members of the governing body?	7a	X	
Ъ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		۱ ــ ۱	
	persons other than the governing body?	7b	Х	
8	Old the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Fach committee with authority to act on behalf of the governing body?	85	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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information shout policies not required by the Internal Revenue Code.)			_
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u> </u>		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
44-		11a	' '	X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	718		
b			. l	
12a	Did the organization have a written conflict of interest policy? if "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key amployees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	хΙ	
b	Other officers or key employees of the organization	15b	†	X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
18=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
,00	taxable entity during the year?	16a	ļ	х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	\rightarrow	
D				
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		—
	tion C. Disclosure			
17	I ist the states with which a copy of this Form 990 is required to be filled $ ightharpoons$ FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e	
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	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:			
	STEVE QUEIOR, CEO - 941-312-0400	-		
	8588 POTTER PARK DRIVE, SUITE 500, SARASOTA, FL 34238	- —		
	TOOU LOLLING DALLA, DOLLE DAY, DIMENOLIS, IN STACK.			

Form 990 (2017)	PRADER-WILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908	Page 7
Part VII Compensation	n of Officers. Directo	rs. Trustees.	Key Employees, H	ighest Co	mnersated	4-

Employees, and Independent Contractors

732007 11-28-17

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five surrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless purson is both an officer and a director/trustee)					han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individua trustes or director	Institutional trastee	Cffices	Key empleyee	Highest comparated amployee	юта	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICKELLE TOLBERT	2.00									<u>.</u>
CHAIR	ļ	X		Х	_	L.		0.	0.	0
(2) JIM KOERBER	2,00]	l							
VICE-CHAIR		x		X				0.	0.1	0
(3) JULIE DOMERTY	2.00							·		
SECRETARY		X		Х				0.		0
(4) DENISE WESTERFIELD	2.00									
TREASURER		X		Х		Ш		0.	0.	0
(5) DAN BEAVER	1.00									
DIRECTOR		х				Щ			0.	0
(e) MITCHELL COMBM	1.00						.	_	_]	
DIRECTOR	1	Х						0.	0.	0
(7) PBTE GIRARD	1.00	_						_	_	
DIRECTOR	4 00	X	\dashv	\dashv	-	 		0,		0
(8) ROB LUTZ	1.00	_							_ 1	_
DIRECTOR	4 00	Х	\dashv	_			[0.	0.	0
(9) ROB SEELY	1.00		'				ļ			_
DIRECTOR	1 00	Х	\dashv	\dashv	\dashv	\dashv		0.	0.	0
(10) TAMMIE PENTA	1.00	v			ı			ا ۾	_	
DIRECTOR	1.00	Х	\dashv	!	\dashv			0.	0.	0
(11) JAMES RANE	1.00	\mathbf{x}		ſ			- 1	0.	0.	^
DIRECTOR (12) LBON CALDWELL, PHD	1.00	^	\dashv	\dashv	-+			•	U.	0.
DIRECTOR	1,00	x		- 1		-	ļ	0.1	0.	0.
(13) TOM CONWAY	1.00		\dashv		-	-+	\dashv			<u> </u>
DIRECTOR	1	х		-	ļ		- 1	0.	0.	0
(14) MARGUERITE RUPNOW	1.00		+	_	\dashv			·	- •	
DIRRCTOR	1.55	\mathbf{x}		1		- [- 1	0.1	ا.ه	0.
(15) KENNETH R. SMITH	40.00		7	T			┪	• • • • • • • • • • • • • • • • • • • •		
RECUTIVE DIRECTOR		_	$ \bot $	<u>x</u>				79,093.	0.	<u>9,253</u> .
			1							
		_4	I-	-4-		_	[

PRADER-WILLI SYNDROME ASSOCIATION (USA)

41-1306908

-		Check if Schedule O cor	<u>itains a respo</u> ņsi	e or note to any l	ine In this Part VIII . (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax under
						exempt function revenue	eunsver eunsver	from tax under sections 512 · 514
13 9	1 4	a Federated campaigns	18			IEVENIUU	IAASUGA	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	':	b Membership dues		30,330.	1	ļ i		
Q E		c Fundraising events		164,243.	Ή			
# # F		d Related organizations		101,245.	7			
of E		e Government grants (contribu			1			1
Š	;	All other contributions, gitts, gran	,					
£ £	'	similar amounts not included abo		910,893.				
ξõ	١,	Noncash contributions included in line				}		1
ပ္ပိုင္ပ်	ŀ	n Total. Add lines 1e-tf						
				Business Code		-		
8	2 8	CONFERENCE INCO	OME	900099	169,620.	169,620.		
e g	ŀ	3		ļ				<u>L</u>
Program Service Revenue	ه	;						
63	0	i						
<u>ğ</u> _	e	·		1		[[
<u>a</u>	l T	All other program service reve						
	l	Total. Add lines 2a-2f			169,620.	 		ļ
	3	Investment Income (including			20.006			20.000
	١.	other similar amounts)			30,806.			30,806.
	4	Income from investment of ta		•				
	5	Royalties			 			
	6 a	Gmes rente	<u> </u>	(li) Personal				
		Gross rents						
i		: Rental income or (loss)	<u> </u>	†				
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	41,624.					ļ
	ь	Less: cost or other basis	}- 					
		and sales excenses	0.			ľ		
	C	Gain or (loss)	41,624.					
	d	Net gain or (loss)		>	41,624.			41,624.
ا به		Gross income from fundraising						
Revenue		including \$164,2	43. of		. i			
<u>§</u>		contributions reported on line	1c). See					
		Part IV, line 18	а	137,165.				
흁		Less: direct expenses			1			
٦		Net income or (loss) from fund		<u> </u>	87,874.			87,874.
	9 a	Gross income from garning ac						
ľ		Part IV, line 19		<u> </u>		Ì		
i		Less: direct expenses						
ļ		Net income or (loss) from gam	_	············ ► -			<u></u>	
	10 a	Gross sales of inventory, less						
		and allowances Less: cost of goods sold	8	8,314.				
					1 112	1 413		
ŀ	C	Net Income or (loss) from sale: Miscellaneous Revenue			1,413.	1,413.		
ŀ	44 -			Business Code				
	na b							
	ν.			-				
- 1	rì	All other revenue			1			
		Total. Add lines 1a-11d						
	12	Total revenue. See instructions.			1.436.803.	171,033.	Ò.	160,304.
	11-28			The second second			. <u>X. 1</u>	Form 990 (2017)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundralsing
			expenses	generál expanses	expenses
1		204 520	254 530	}	
_	and domestic governments. See Part IV, fine 21	<u> 264,539.</u>	254,539.		
2		61 220	C1 200		
	individuals. See Part IV, line 22	61,228.	61,228.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 246	70 677	11 405	
_	trustees, and key employees	88,346.	70,677.	11,485.	6,184
6	Compansation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	500 505	105 (00		
7	Other salaries and wages	620,505.	496,403.	80,666.	43,436
₿	Pension plan accruais and contributions (include	44		, ,,,	== 1
	section 401(k) and 403(b) employer contributions)	11,001.	8,801.	1,430.	770
9	Other employee benefits	57,895.	46,316.	7,527.	4,052
ID.	Payroll taxes	50,204.	40,163.	6,527.	3,514
1	Fees for services (non-employees):				
а					
ь	Legal				
	Accounting	5,944.	4,755.	773.	416
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management foes	61,045.		61,045.	
8	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on 8ch 0.)	8,000.	6,382.	1,059.	559
2	Advertising and promotion	730.	582.	97.	51
3	Office expenses	99,927.	76,368.	16,183.	<u>7,376</u>
4	Information technology				
5	Royalties				
8	Оссирансу	83,354.	66,500.	11,028.	5,826
7	Travel	15,255.	12,170.	2,018.	1,067
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	332,309.	332,309.		
0	Interest				_
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,903.	1,518.	252.	133
3	Insurance	13,070.	10,427.	1,729.	914
	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	LOGO ITEMS	39,330.	31,464.	5,113.	2,753
	FAMILY SUPPORT	34,006.	27,130.	4,499.	2,753
	NEWSLETTER	24,204.	19,310.	3,202.	1,692
	AWARENESS AND EDUCATION	18,209.	14,567.	2,367.	1,275
	All other expenses	26,520.	21,036.	3,642.	1,842
	Total functional expenses. Add lines 1 through 24e	1,917,524.	1,612,645.	220,642.	84,237
	Joint costs. Complete this line only if the organization	A1311,3441	I,UIA,U43.	ΔΔU,0€Δ.	04,431
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation,		ľ		
	овараколет сеттрещи ена топотакану запущаван,			!	

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(8) End of year
1	Cash - non-Interest-bearing	1,001,865.	t	429,899
1		23.449.		11,504
I -				0
1 -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-				
	· · · · · · · · · · · · · · · · · · ·		5	
۾ ا	lineng and other receivables from other disqualified nersons (se defined under		- " —	
•				
}				
			١,	
١,		·		
1		10 275		10 000
1	Inventories for sale or use			10,000
1 -	1 1	9,133.	. 9	-2,544
10a				
١.	basis. Complete Part VI of Schedule D	2 100		5 704
	Less: accumulated depreciation 10b 77,669.			2,794.
		1,275,696.	11	1,468,903
			12	
13			13	
14	Intangible assets		14	
15		110,083	15	148,507
16			. 16	2,069,063.
17		71,811.	17	<u>141,381.</u>
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 current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		l	
İ	Complete Part II of Schedule L		22	
			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		\Box	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.	25	<u>-2,581.</u>
26	Total liabilities, Add lines 17 through 25	71,811,	26	138,800.
	Organizations that follow SFAS 117 (ASC 958), check here > X and			
27	Unrestricted net assets	864,952.	27	433,453.
		1,338,295.	28	1,330,968.
		159,934.	29	165,842.
	•		30	
	F-	1		
	Retained earnings, endowment, accumulated income, or other funds		32	
		2,363,181.	33	1,930,263.
33	Total net assets or fund balances	4,303.181.	30 '	1,330,001-
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(g) voluntary employers and sponsoring organizations (see linstr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schadule D 10a 80 , 463 . 1 Less: accumulated depreciation 10b 777 , 669 . 1 Investments - poticy traded sacurities 1 Investments - other securities. See Part IV, line 11 1 Intragible assets 1 Cother assets. See Part IV, line 11 1 Intragible assets 1 Cother assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Accounts payable and account liability. Complete Part IV of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 2 Unsacured notes and loans payable to unrelated third parties 2 Other liabilities (including federal income tax, payables to related third parties 2 Other liabilities. Add sines 17 through 25 2 Organizations that follow SFAS 117 (ASC 958), check here 2 Total liabilities. Add sines 17 through 25 3 Organizations that follow SFAS 117 (ASC 958), check here 3 Tomporarily restricted net assets 4 Tomporarily restricted net assets 5 Organizations that follow SFAS 117 (ASC 958), check here 3 Paid-in or capital surplus, or land, building, or equipment fund	Cash - non-interest-bearing 1,001,865.	1 Cash - non-interest-bearing 1,001,865. 1 2 Savings and temporary cash investments 2,3,449. 3 3 Piedges and grants receivable, net 23,449. 4 4 Accounts receivable, net 780. 4 4 Accounts receivable, net 780. 4 4 Accounts receivable from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 5 4 Loans and other receivables from other disqualified persons (as defined under section 4985(f(1)), persons described in section 4985(f(1)), persons described in section 4985(f(1)), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees baneficiary organizations (see instr.). Complete Part II of Sch. L 6 5 Notes and loans receivable, ret 7 6 Inventories for sale or use 7,735. 9 7 Pepald expenses and deferred charges 9,735. 9 7 Pepald expenses and deferred charges 9,735. 9 7 Pepald expenses and deferred charges 9,735. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 80,463. best accomulated depreciation 10b 77,669. 1,275,696. 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 1 12 11 12

_	n 990 (2017) PRADER-WILLI SYNDROME ASSOCIATION (USA)	41-130	6908	} Pa	_{age} 12
Pa	irt 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	1,43	16,8	303.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,91	7,5	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-48	0,7	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,36	3,1	81.
5	Net unrealized gains (losses) on investments	5			303.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	в			
8	Other changes in net assets or fund balances (explain in Schedule O)	B			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,93	0.2	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			!
26	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an Independent accountant?		25	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis]		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	1		
	review, or compliation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			·	
	Act and OM8 Circular A-1337	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization dki not undergo the required	ęd audit			
	or audite, explain why in Schedule O and describe any steps taken to undergo such audits	-	35		
			Form	990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Employer identification number PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). 1 2 A school described in section 170(b)(1)(A)(i), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(AXIII), 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 4 city, and state: 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.) A federal, state, or local government or governmental unit described in eaction 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Septions A and 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. 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. Type til 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 regulierment (see instructions). You must complete Part IV. Sections A and D. and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) is the organization falso in your governing decorrent? (iii) Type of organization (i) Name of supported (v) Amount of monetary (vI) Amount of other (described on lines 1-10 organization support (see instructions). (anoitounteni eas) hogqua No (ke<u>n instruction</u>a)

Schedule A (Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2 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 6 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

$\overline{}$	etten A. Public Support		T	-		T- ::	
	endar year (or tiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received, (Do not		1				1
	include any "unusual grants.")			<u> </u>		1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						İ
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3		<u> </u>				L
5	The portion of total contributions		1		1	i	
	by each person (other than a						ì
	governmental unit or publicly						
	supported organization) included			ļ			!
	on line 1 that exceeds 2% of the						•
	amount shown on line 11,			i			İ
	column (f)				1		
θ	Public support. Subtract line 6 from line 4						
	ction B. Total Support			•		•	'
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7				,,			
8	Gross income from interest,		<u> </u>				
	dividenda, payments received on				•	ì	
	securities loans, rents, royalties,					· ·	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		İ				
	business is regularly carried on]				
10	Other Income. Do not Include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					:	
12	Gross receipts from related activities, or	to. (see instructi	ionst		1	12	·
	First five years. If the Form 990 is for the	•					
							▶□
Sec	organization, check this box and stop hation C. Computation of Public	Support Pe	rcentage		4,		, F
	Public support percentage for 2017 (line					14	%
15	Public support percentage from 2016 S	chedule A, Part	II. line 14		***************************************	15	%
	33 1/3% support test - 2017. If the org						
	stop hero. The organization qualifies as					•	
ь	33 1/3% support test - 2016. If the org	anization did no	ot check a box on li	ne 13 or 16a, and	l line 15 ls 33 1/3%	or more, check th	is box
	and stop here. The organization qualific						
	10% -facts-and-olroumstances test -						
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te						
	10% -facts-and-circumstances test -						
	more, and if the organization meets the						
	organization meets the "facts and circuit						
	Private foundation. If the organization of						
,,,	- 1 roomentment is trie ordering and it	are trul relienship	now or mile to, the	, roughten, or it		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 3 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.)

2	qualify under the tests listed b	islow, please com	piete Part II.)					
	ction A. Public Support	T	1				1	
	nder year (or liscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership tees received. (Do not				•			
	include any "unusual grants.")	450,130.	838,581.	989,771.	1,621,059.	1,105,466.	5,005,007	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	<u>403,601.</u>	380,667.	422,122.	336,673.	177, <u>934</u> .	1,720 <u>,997.</u>	
3	Gross receipts from activities that		•					
	are not an unrelated trade or bus-							
	iness under section 513	291,881.	74,070.	377,608.	31,692.	137,165.	912,416.	
4	Tax revenues levied for the organ-	ľ						
	Ization's benefit and either paid to or expended on its behalf					:		
F.	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total, Add lines 1 through 5	1,145,612,	1,293,318,	1,789,501,	1,989,424.	1,420,565,	7,638,420,	
	Amounts included on lines 1, 2, and	-,,	_,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, , , , , , , , , , , , , , , , , , ,	_, , , , , , , , , , , , , , , , , , ,	-,380,303,	, vav, 72V,	
	3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqual/fied persons that							
	exceed the greater of \$5,000 or 1% of the arrount on line 13 for the year	302,365.	670,777.	315.523.	597,673.	240.177.	2,126,515.	
	Add lines 7a and 7b	302,365.	670.777.		597,673.	240,177.	2,126,515	
		302,303	V/V. ! / { ·	777,7271	<u> </u>	_ 44.80 		
	Public support, (Sebbs(Inc7c(on time)) tion B. Total Support		І		l	<u>-</u> -	5,511,905.	
_	· · · · · · · · · · · · · · · · · · ·	4-1-0040	0.10014	/- L 0045	44,0040	63.0047	70 T-1-1	
	dar year (or fiscal year baginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6 Gross income from interest,	1,145,612.	1,293,318,	1,789,501.	1,989,424.	1,420,565,	7,638,420.	
	dividenda, payments received on securities loans, rents, royalties,	63 909	65,635.	54,561.	79,680.	72,430.	226 204	
	and income from similar sources	63, <u>898.</u>	00,000	24,201.	13,000.		336,204.	
	Urrelated business taxable income		ľ					
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	63,898.	65,635.	54,561.	79,680.	72,430.	336,204.	
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				•			
+	Other Income. Do not Include gain or loss from the sale of capital assots (Explain in Part VI.)							
	Total support. (Add thes 9, 10c, 11, and 12.)	1,209,510,	1,358,953,	1,844,062,	3,069,104,	1,492,995,	7,974,624,	
	First five years, If the Form 990 is for							
	check this box and stop here tion C. Computation of Publi				•		 ▶□	
	Public support percentage for 2017 (like			olumo (A)	I	15	69.12 %	
	Public support percentage from 2016		-			16	67.51 %	
					I	101	U 7 0 J 1 70	
	Section D. Computation of Investment Income Percentage							
	17 Investment Income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 4.22 %							
	18 Investment income percentage from 2016 Schedule A, Part III, line 17							
	nore than 33 1/3%, check this box an	-						
	33 1/3% support tests - 2016. If the o the 18 is not more than 33 1/3%, chec							
20 I	Private foundation. If the organization	did not check a b	ox on line 14, 19a	or 19b, check thi	s box and see inst	ructions	<u></u> ▶1.]	
700000	10-00-17				Caha	dule A (Form 990	or 000-571-2017	

Schedule A (Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 4

Part IV | Supporting Organizations

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

Section A. All	Supporting	Organizations	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Pert VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part Vt how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Old the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, enswer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Pert VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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) individuels that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Old the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9e Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Port VI,
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes;" answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sch P:	iedule A (Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1 art IV Supporting Organizations (continued)	30690	<u>)8 P</u>	'age §
••	Supporting Organizations (communo)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		+••	· -^^
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
·	below, the governing body of a supported organization?	11a	}	i
t	A family member of a person described in (a) above?	11b	\top	T
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		+
	ction B. Type I Supporting Organizations	1 7.7		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			i
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint end/or remove directors or frustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	-	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	<u> </u>	L	
26¢	tion D. All Type III Supporting Organizations			
_	Did the exemplation provide to each of the superchadasses in the fact day of the state.	$\overline{}$	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			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	. '	li	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	\vdash	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how] !	1	
	the organization maintained a close and continuous working relationship with the supported organization(s),	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	\vdash	
_	significant voice in the organization's investment policies and in directing the use of the organization's]		
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1 1	
	supported organizations played in this regard.	3	ł I	
Seç	tion E. Type III Functionally Integrated Supporting Organizations			
ŧ	Check the box next to the method that the organization used to satisfy the integral Part Test during the yea(see instructions	}.		
3	The organization satisfied the Activities Test. Complete Ilne 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	itructions	j.	
2	Activities Test. Answer (a) and (b) bolow.		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1	. 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined] [
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.		,	
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	- 1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	$oldsymbol{\bot}$	

	edule A (Form 990 or 990-82) 2017 PRADER-WILLI SYNDROME A int V Type III Non-Functionally Integrated 509(a)(3) Supportin	ASSOCI	ATION (USA) 4	1-1306908 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI See Instructions A
•	other Type III non-functionally integrated supporting organizations must c			ran vil) see mauucuons. A
Sec	Ilon A - Adjusted Nat Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		•	<u> </u>
2	Recoveries of prior-year distributions	2		
3		3		
4		4	- -	
ъ		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)	a	<u> </u>	
Seci	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
, a	Average monthly value of securities	ia		
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		
0	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		-
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5		
. 6	Multiply line 5 by .035	6		
. 7	Recoveries of prior year distributions	7		
₿	Minimum Aeset Amount (add line 7 to line 6)	9		
Secti	on C - Distributable Amount			Current Year
_ 1	Adjusted nat income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to		· -	
	emergancy temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see
	instructions)		-	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 6 Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (1) (ii) (111) Underdistributions Section E - Distribution Allocations (see Instructions) Distributable Excess Distributions Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015 e From 2016 1 Total of lines 3a through e a Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section O. Applied to underdistributions of prior years. b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, It any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of time 7: a Excess from 2013 b Excess from 2014 Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Sphedule A Part VI	(Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 35, 36, 45, 46, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, tines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section D, lines 2 and 3; 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.)
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Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
	302,365.	670 <u>,777</u> .	315,523.	597,673.	0
MICHELLE AND TOMMY TORBERT	0.	0.	0.	0.	95,070
STORR FAMILY FOUNDATION	0.	0.	0.	0.	<u> 105,0</u> 70
LOIS AND STEVE WILLETT	0.0	0.	0.	0.	35,070
DEBRA AND ROBERT					
LUTZ	0.	0.	0.	0.	4,967
	<u>-</u>				
	-				<u> </u>
<u> </u>				.	
					•
			,		
			-		
otal to Schedule A, art III, Line 75	302,365.	670,777.	315,523.	597,673.	240,177.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payor's Name	Amount Repeived in 2017	2017 Excess Payments
MICHELLE AND TOMMY TORBERT	110,000.	95,070
STORR FAMILY FOUNDATION	120,000.	105,070
LOIS AND STEVE WILLETT	50,000.	35,070
DEBRA AND ROBERT LUTZ	19,897.	4,96
· <u></u>		
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		•
· · · · · · · · · · · · · · · · · · ·		
		
		
-		

SCHEDULE D

(Form 990)

Cepartment of the Treasury internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_	PRADER-WILLI SYNDROME ASSOCIATION (USA)	41-1306908
Pa	irt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yos" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggragate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	ada
•	are the organization's property, subject to the organization's exclusive legal control?	
6		
٥	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yos" on Form 990, Part II	Yes No
•		/, line 7
1		
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified it	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď		
	listed in the National Register	24
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year >	medical during the tax
4	Number of states where property subject to conservation easement is located	
6	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
·	violations, and enforcement of the conservation easements it holds?	
8		
•	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
	Andread of proposes in present in proposed in proposed in the	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation each	asements during the year
_	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)	
_	and section 170(h)(4)(B)(ii)?	Yes L_ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's financial statements that describes the organization's	ganization's accounting for
_	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets,
<u>-</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 118 (ASC 958), not to report in its revenue statement at	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to ite financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	
	retating to these items:	.,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets Included in Form 990, Part X	▶ s
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	hi o in a
		▶ 4
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	· • •
-	r toda to the cooper at a contract of the cooper at a contract of the cooper at a contract of the cooper at a contract of the cooper at a	. .

	edule D (Form 990) 2017 PRADER- irt III Organizations Maintaining	WILLI SYNE	ROME ASSOC	CIATION (U	SA)	41-130	6908	8 F	age 2
	Die to confestations wantaling	Collections of A	n, nistorical te	reasures, or O	mer Simil	ar Asset	sconun	ued,	-
3	Using the organization's acquisition, access	sion, and other recon	ds, chack any of the	following that are	a significant	use of its co	ollection	r iten	ns
	(check all that apply):		. 🗀.						
a		(change programs					
b	<i>'</i>	•	e 🔲 Other					_	
Ġ	_								
4	Provide a description of the organization's of					ose in Part)	COIL		
5	During the year, did the organization solicit								
	to be sold to raise funds rather than to be in	raintained as part of	the org <u>anization's</u> c	ollection?,,	<u> </u>		Yes		□No
Pa	rt IV Escrow and Custodial Arrar	<mark>igements.</mark> Compl	ete if the organizatio	answered "Yes"	on Form 990), Part IV, lin	e 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
ta	is the organization an agent, trustee, custod	llan or other intermed	diary for contribution	ns or other assets n	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	liowing table:						
	•	,			[]		mount		
c	Beginning balance				10	•			
d			••••••••••••••••••••••••		1d				
e			••••••	•••••	19				
Ĭ	Ending balance			***************************************	11			-	
	Did the organization include an amount on F	orm 000 Part V line	21 for accrow or a	estadiol paper I fo			·	$\overline{}$	1
	if 'Yes," explain the arrangement in Part XIII.						Yes	\vdash	No
	rt V Endowment Funds. Complete	the executation of	Augrad 'Yaa" on Ed	provided on Part A					<u></u>
. 4.	to Landonniant Lando: Complete								
4.	Desirates of constraints	(a) Current year	(b) Prior year	(c) Two years back		[e) Houry		
1a	Beginning of year balance		133,884,	, ,	1 -	03,448.			821.
D	Contributions	5,908,	26,050,	22,734	┥ _	7,703,		5.	627.
C	Net investment earnings, gains, and losses			<u> </u>					
	Grants or scholarships				↓				
e	Other expenditures for facilities					- 1			
	and programs				J				
f	Administrative expenses ,,,,,,,				i				
Ø	End of year balance		159,934,		<u>.l1</u>	1,150,		103	448.
2	Provide the estimated parcentage of the curr	ent year end balance	e (line 1g, column (a)) held as:		-	_		
á	Board designated or quasi-endowment 🕨	6.00	%						
b	Permanent endowment > _ 94.00	<u>%</u>							
ø	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for	the prozniza	ation			
	by:	_					Γv	'es	No
	(i) unrelated organizations					[3a(i)	-	X
	(ii) related organizations				•••••••••••••••••••••••••••••••••••••••		Be(ii)	$\neg \dagger$	X
b	If "Yes" on line Sa(ii), are the related organiza	tions listed as require	ed on Schedule 82				3b	\dashv	
4	Describe in Part XIII the intended uses of the					L	OD ,		
Par	t VI Land, Buildings, and Equipm		THORIT IGNOS						
	Complete if the organization answered		Part IV line 11a S	on Form 000 Part \	/ line 10				
	Description of property	(a) Cost or ot					D==1		
	pescription or property	basis (investm	, ,	1	Accumulated apreciation	2 (0)	Book	value	ł
	Lond	- 	nesis (Sulai) di	zpreciation	+			
	Land					-			
b	Buildings		+			_			
C	Leasehold improvements	··		(0.7.7		_			
	Equipment			4,277.	51,48		2	<u>, 79</u>	14.
	Other			5,186.	26,18	5.			0.
Total.	<u>. Ad</u> d lines 1a through 1e. (Column (d) must ed	iual Form 990, Part 🗵	ć, column (B), line 10	0c.)			2	. 79	14.

Part VII Investments - Other Securities		ASSOCIATION (USA	
Complete if the organization answered "1	os" on Form 990, Part I		
(a) Description of security or category (including name of secu		(e) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		_	
(3) Other	<u> </u>	<u></u>	
(A)			
(B)			
<u>(C)</u>			
(D)		_	
<u>(E)</u>			
<u>(F)</u>	 		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related	 		
Complete if the organization answered Y		Hoo 44a Son Form 800 Bort V I	: 12
(e) Description of Investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)	(B) DOON TOIGE	(b) the the distribution	. COOK OF CHO OF YOUR THATKET PAIGE
(2)			
(3)			
(4)			
(6)			· · · · · · · · · · · · · · · · · · ·
(6)		-	
(7)			-
(8)		· -	_
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)	>		
Part IX Other Assets.		•	
Complete if the organization answered "Yi	es' on Form 990, Part IV,	line 11d. See Form 990, Part X, li	ine 15.
	(a) Description		(b) Book value
(1) DEPOSITS			4,750.
(2) DONATED AUCTION ITEMS			12,000.
(3) INVESTMENTS HELD AT COM	MUNITY FOUNDA	TION	131,757.
<u>(4)</u>			
(5)			
<u>(6)</u>			
			
(9)			
<u>lotal, (Column (b) must equal Form 990, Part X, col. (B)</u> Part X Other Liabilities.	line 15.)		<u>148,507.</u>
Complete if the organization answered "Ye (a) Description of liability	est on Form 990, Part IV,		rt X, line 25,
		(b) Book value	
(1) Federal income taxes		——————————————————————————————————————	
(2) DUE TO RELATED PARTIES		-2,581.	
<u>(3)</u>	+	· 	
(4)	- -		
. (5)		· · —	
(6)			
(7). /ex	 +		
(6)			
(9)	line 35)		
otal. (Column (b) must equal Form 990, Part X, col. (B)	mie 25.)	-2,581.	

^{2.} Diability 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule 0 (Form 990) 2017 PRADER-WILLI SYNDROME ASS	OCLATIO	ON (USA)	41~	1306908 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per l	Retun	n.
Complete if the organization answered "Yes" on Form 990, Parl IV, line 12				
1 Total revenue, gains, and other support per audited financial statements			1	2,339,496
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	45 000		
a Net unrealized gains (losses) on investments		47,803.		
b Donated services and use of facilities		859,743.	┧	
o Recoveries of prior year grants		56,192	-	
d Other (Describe in Part XIII.)			7	062 720
e Add fines 2a through 2d Subtract fine 2a from line 1		•	26	963,738, 1,375,758
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,3/3,130
a Investment expenses not included on Form 990, Part VIII, line 7b	المدا	61,045		
b Other (Describe in Part XIII.)		01,045	1]	
c Add lines 4a and 4b			40	61,045.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	**********		5	1,436,803.
Part XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	э.	•		
1 Total expenses and losses per audited financial statements			1	2,772,414.
2 Amounts included on line 1 but not on Form 980, Part IX, line 25:				
a Donated services and use of facilities	2a	859,743.]	
b Prior year adjustments	2b]	
c Other losses	., 2 c		1	
d Other (Describe in Part XIII.)		<u>56,19</u> 2.		
e Add lines 2a through 2d			2e	915,935.
3 Subtract line 2e from tine 1			3	<u>1,856,479.</u>
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		61 <u>,045.</u>		
b Other (Describe in Part XIII.)				64 645
c Add lines 4e and 4b			40	61,045.
5 Total expenses. Add lines 3 and 40. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.			5	1,917,524.
Provide the descriptions required for Pert II, lines 3, 5, and 9; Part III, fines 1a and 4; Part	IV lines 1b	and the Part V. line	1· Dart	Y line 2: Part VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		•	7,1 til	A, mio E, r an Al
				·•·
PART X, LINE 2;				
MANACEMENT CAC PUALLANCE DUE EFFECT OF AN AC	COLDIGA	MC CONNERS	m m=	## *## *## ## ## ## ## ## ## ## ## ## ##
MANAGEMENT HAS EVALUATED THE EFFECT OF AN AC	COOMIT	NG STANDAK	D KE	ELATING TO
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.	MANAG	EMENT HAS	DETE	RMINED
THAT THE FOUNDATION HAD NO UNCERTAIN INCOME	TAX PO	SITIONS TH	AT C	OULD HAVE
A GEOMETRE GENERAL AND DESCRIPTION AND DESCRIP				
A SIGNIFICANT EFFECT ON THE FINANCIAL STATEM	ENTS F	OR THE YEA	R EN	IDED
DECEMBER 31, 2017. THE FOUNDATION'S FEDERAL	INCOM	e ጥልዩ ይቁጣጠ	DNG	APE
The rotal bull bull bull bull bull bull bull bu	<u> </u>	A LIMI ADIO		nna
SUBJECT TO EXAMINATION BY THE INTERNAL REVEN	UE SER	VICE, GENE	RALI	Y FOR
MUSTIC VICTOR REPORT OUT SONELY				
THREE YEARS AFTER THE FEDERAL INCOME TAX RET	URNS W.	EKR KITED.		
· · · · · · · · · · · · · · · · · · ·				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EXPENSE - \$49,291				
PROMOTIONAL MATERIAL - \$6,901			Schedu	ule D (Form 990) 2017
		•		ուս այլ այլ այլ այլ այլ այլ այլ այլ այլ այլ

Schedule D (Form 990) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page Part XIII Supplemental Information (continued)	5
	
PART XII, LINE 2D · OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE - \$49,291	NE 2D OTHER ADJUSTMENTS:
PROMOTIONAL MATERIAL - \$6,601	
	,
·	
	_
	-
	_
	_
	-
<u> </u>	_
	_
	_
	-
	-
	-
	-

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public

Employer Identification number Name of the organization PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ files are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mall solicitations Solicitation of government grants Internet and email solicitations Special fundralsing events Phone solicitations d ____ In person solicitations 2 a Old the organization have a written or oral agreement with any individual (including officers, directors, trustees, or _ No key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? Yes bilf "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Old fundralser have ousledy or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (ly) Gross receipts to (or retained by) (I) Name and address of individual (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or ficensing.

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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events FUNDRAISING NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) Gross receipts 301,408. 301,408. 2 Less: Contributions 164.243. 164,243. 3 Gross income (fine 1 minus line 2) 137.165. <u> 137,165</u>, 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment _______ 49,291. Other direct expenses <u>49,291</u> 10 Direct expense summary. Add lines 4 through 9 in column (d) 49,291 11 Net income summary. Subtract line 10 from line 3, column (d) 87,874 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. (b) Pull labs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes _____ 4 Rent/facility costs Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add ilnes 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? ь if "No," explain: ___ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," exp'ain: Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

Schedule G(Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2

	m 990 (2017) PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ENHANCE THE QUALITY OF LIFE AND EMPOWER THOSE AFFECTED BY
	PRADER-WILLI SYNDROME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule C.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 426,445. Including graphs of \$) (Revenue \$ 169,620.)
	CONFERENCE FOR PROFESSIONALS AND PARENTS DESIGNED TO SHARE NEW
	APPROACHES IN DEALING WITH PRADER WILLI SYNDROME.
	
	·
	
	<u> </u>
41:	060.006
4b	(Code:)(Expenses 863,206. including grants of 61,228.) (Revenue \$) CRISIS AND INTERVENTION TRAINING TO ASSIST IN TREATMENT AND SUPPORT.
	CRIBIO AND INIERVENTION TRAINING TO ADDIST IN TREATMENT AND SUPPORT.
	-
	
	
	(Gode:) (Expenses \$ 322,994. Including grants of 4 264,539.) (Revenue \$ 1,413.)
	DISTRIBUTION OF EDUCATIONAL MATERIALS AND PARENT INTERVENTION REGARDING
	PRADER-WILLI SYNDROME.
	<u> </u>
	
\$d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
te_	Total program service expenses ► 1,612,645.
	Form 990 (2017)

	······································		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)?			
	if "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part !	3		x
4		4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5	!	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	[
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Parl II	7		X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	 	x
8	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Pert VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			-
	assets reported in Pert X, line 187 If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part Vill	110		Х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If *Yes," complete Schedule D, Part X	1te	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Pert X	11f	X.	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ı	
	If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	∤	<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts i and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ۔. ا		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16	-	X
10	or for foreign individuals? If "Yes," complete Schedule F, Perts III and IV	48		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	16		
	column (A), lines 8 and 11e7 if "Yes, * complete Schedule G, Part I	17	- 1	X
16	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	~ †		
_	1c and 8a7 if "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		Х
	- · · · · · · · · · · · · · · · · · · ·		700	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a]	X
b	If "Yee" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\Box
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Ιx	
23	Old 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, frustees, key employees, and highest compensated employees? If "Yes," complete	-	ļ	
	Schedule J	23	ľ	x
24 s	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Date - July 17 March 1 1 4 7 000	248		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		╁
·		1,,		
_	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		_
		24d		
203	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	26b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1 1		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1 1		1
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1 1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 [i	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		
	instructions for applicable filing thresholds, conditions, and exceptions);	1 1		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	i	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	i		
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	280		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? // "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	# 'Yes,' complete Schedule N, Part I	31	- 1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? if "Yes," complete	 		
	Schedula N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
	sections 301.7701-2 and 301.7701-37 // *Yes, * complete Schedule A, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		一	
		34		X
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\dashv	X
	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled entity	30A	\dashv	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	
		356	-	—
	Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0.7	If "Yes," complete Schedule R, Part V, line 2	36	\dashv	<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_	- 1	47
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pert VI	37	\dashv	<u>X</u>
	Old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	_	,	
	Note, All Form 990 filers are required to complete Schadule O	T38 T	X	
		Form 9	950 (2	2017)

Pe	Int V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			<u>ugu</u>
	The state of the s		Τ.,	
4-	Foliar the number empeded in Day 7 of Form 1000 Cutes 0. Stock and backles	_	Yes	No
1a 		1	1]
b	Mild also and a local state of the state of	1		
c	(gambling) winnings to prize winners?	10	x	
9a	Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements,	16	1 🔼	\vdash
	filed for the calendar year ending with or within the year covered by this return			1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	i
-	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	\vdash
За		3a		X
b		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		١ ١	
5a	The control of the co	Бa	.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	.6b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	ва		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b .		l
7	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 <u>a</u>	<u>X</u> ,	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		'	
	to file Form 8282?	7¢	│ .	<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	_		11
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<u> X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-+	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	\dashv	
8		ا ۽	ľ	
9	sponsoring organization have excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.	В	-	
	Did the angenting approximation make accurate his distribution and accurate 40000	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	i	
10	Section 501(c)(7) organizations, Enter:	***		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ļ		
11	Section 80 ((c)(12) organizations, Enter:			
а	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		ļ	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liou of Form 1041?	12a	[
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	ļ	ļ	
	Enter the amount of reserves the organization is required to maintain by the states in which the	i		
	organization is licensed to issue qualified health plans		-	
0	Enter the amount of reserves on hand			
		14a		X
13	If "Yes," has it filed a Form 220 to report these payments? If 'No,' provide an explanation in Schedule Ω	tan l		

Form 990 (2017) PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 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 in Schedule O. See instructions.

	to line de, ou, or foo below, describe the circumstances, processes, or offenges in ochecone or ose instructions.			
_				Х
Sec	tion A. Governing Body and Management		1	1
	Eventha number of voling marshap at the expension hadrest the and at the toy one	·	Yев	Nọ
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	·		\vdash	X
4		\vdash	 	X
5	• • • • • • • • • • • • • • • • • • • •			X
6		۳		
79		7.	x	
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ь		7	<u>x</u> _	
		<i>'</i>	<u> </u>	_
8			х	
-			X	
_	•	80	_	
9		ا ا		x
Sac		U		<u> </u>
000	tion D. Follows [mis Section B requests anomission about policies not required by the internet Asvende Code.)		Yes	Na
400	Old the augmination have least chanters broughes as affiliated?	100	X	Nu
D		405	X	
11a		11a	11	x
		110		-11
12a		100	х	
-	•	12b	X	
		<u> </u>		
٠		190	x	
13	Did the organization have a written whistlehlower notice?		X	
14		14	X	
15		'		
		15.9	x	
				X
u	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization received to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with sudhority to act on behalf of the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with sudhority to act on behalf of the governing body? If there any officer, director, trustees, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If they, provide the names and addresses in Schedule O Ction B. Pollicles (This Section B requests information about policies not required by the Internet Revenue Code.) Oil the organization have local chapters, branches, or affiliates? Did the organization provided a complete copy of this Form 990 to all members of its governing body before liting the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before liting the form? Did the organization have a written conflict of interest policy? If "No." go to kine 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written document relention and destruction policy? Did the organization have a written document relention and			
18s				
.54	· · · ·	16a		X
ь	If "Yes " did the greenization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-			ŀ	
	• • • • • • • • • • • • • • • • • • • •	18h		
iec		100		
17				
18		vailab	le e	
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-44				
8588 POTTER PARK DRIVE, SUITE 500, SARASOTA, FL 34238				

Form 990 (2017)	PRADER-WILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908	Page 7
Part VII Compensation	of Officers, Directo	rs, Trustees,	Key Employees, H	lighest Com	pensated	
	nd Independent Con					

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

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

- 18 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 ourrent officers, directors, frustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- ◆ List the organization's five purrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- Ust 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.
- Ust 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.

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(6) Average hours per week	of No	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	ladinious zustero-director	lestiviloral Busine	Officer	Xey employee	Highest compensated employee	श्वित	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHELLE TOLBERT	2.00							_	_	_
CHAIR		X		X		ĺ		0.	0.	0.
(2) JIM KOERBER	2.00	.	ı	٠,						
VICE-CHAIR		X		Х		⊢	_	0.	0.	0.
(3) JULIE DOMERTY	2.00	x		X					ا ہر ا	^
SECRETARY	2.00	Α.	\vdash	Α.			-	. 0.	0.	0.
(4) DENISE WESTENFIELD	2.00	x		x			li	0.	٥.	۸
TRBASURER (5) DAN BEAVER	1.00	^	Н	-		\vdash			V.	0.
DIRECTOR	1.00	х			'			0.	0.	0.
(6) NITCHELL COHEN	1,00	^	H	\dashv	_		-	<u>V</u> 1		
DIRECTOR	1.00	x		ı				0.	0.	0.
(7) FETE GIRARD	1.00							<u></u>	- 0.	
DIRECTOR		x						0.	c.	0.
(8) ROB LUTZ	1.00		T	Ť			ļ			
DIRECTOR		х		}				٥.	0.	0.
(9) ROB SEELY	1.00									
DIRECTOR		х				ŀ	i	0.	0.	0.
(10) TAMMIE PENTA	1.00				1					
DIRECTOR		х			[0.	0.	0.
(11) JAMES KANE	1.00			- 1	i		ŀ			
DIRECTOR		X			_	_		0.	0.	0.
(12) LBON CALDWELL, PHD	1.00		ļ			ľ		. 1		
DIRECTOR		x	-	4	_	_	4	0.	0.	0.
(13) TOM CONWAY	1.00						İ	_	_	
DIRECTOR		Х		_				0.		0.
(14) MARGUERITE RUPNOW	1.00	Ţ.							ا ۾	^
DIRECTOR	40.00	X.	-	-4			\dashv	0.	<u>0.</u>	0.
(15) KENNETH R. SMITH	40.00	-		\mathbf{x}	- }			79,093.	0.	9,253.
EXECUTIVE DIRECTOR		\dashv	+	^	+	+	\dashv	19,093.	<u> </u>	7,603.
		1	ļ	- 1				ĺ		
		\dashv	\dashv	\dashv	\dashv	\dashv	\dashv	+		
		- 1			- [- 1				

PRADER-WILLI SYNDROME ASSOCIATION (USA)

41-1306908

Form 990 (2017)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded Irom tax under (C) Unrelated Total revenue exempt function asoniaud sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 30,330 b Membership dues 15 o Fundralsing events 164,243 10 d Related organizations 1d e Government grants (contributions) 10 f All other contributions, gills, grants, and similar amounts not included above [11] 910,893 19,897. g Noncash contributions included in lines 1a-1f. \$ 105,466 h Total. Add lines 1a-1f Business Code 2 B CONFERENCE INCOME 900099 169,620. 169,620. f All other program service revenue 169,620. g Total, Add lines 2a-21 Investment income (including dividends, interest, and other similar amounts) 30,806. 30,806. Income from Investment of tax-exempt band proceeds Royalties (I) Real (ii) Personal e a Gross rents b Less: rental expenses c Rental income or (loss) d. Net rental income or (loss)... 7 a Gross amount from sales of (i) Securitiea (ii) Other assets other than inventory 41,624 b Lass: cost or other basis and sales expenses c Gain or (loss) _______ 41,624. 41,624. d Net gain or (loss) 41,624. 8 a Gross income from fundralsing events (not Other Revenue including \$ _____ 164,243. of contributions reported on line 1c). See Part IV, line 18 ______a 137, 165. b Less: direct expenses b 49,291. Net income or (loss) from fundraising events. 87,874. 87,874. 9 a Gross income from gaming activities. See Part IV, line 19e b Less: direct expenses _____ b c. Net Income or (loss) from gaming activities. • 10 a Gross sales of inventory, less returns 8,314. and allowances ______B b Less: cost of goods sold <u>6,901.</u> Net Income or (loss) from sales of inventory. 413 1.413 -Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See Instructions. 171,033. 160,304. **▶** 1,436,803.]

k 1

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
-	·· - -	(A)	tinis Partix(B)	(C)	
	not include emounts reported on lines 6b, , 8b, 9b, and 10b of Part Vill,	Total expenses	Program service expenses	Management and general expenses	(0) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, I'ne 21	264,539.	<u> 264,539.</u>		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	61, <u>228.</u>	61,228.		
3				}	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
ā	Compensation of current officers, directors,				
	trustees, and key employees	88,346.	70,677.	11,485	6,184.
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	620,505.	496,403.	80,666.	43,436.
₿	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,001.	8,801.	1,430.	770.
9	Other employee benefits	57,895.	46,316.	7,527.	4,052.
10	Payroll taxes	50,204.	40,163.	6,527.	3,514.
11	Fees for services (non-employees):		·		_
а	Management				
	Legal				•
0	Accounting	5,944.	4,755.	773.	416.
đ	I				
e	Professional fundralsing services. See Part IV, line 17				
ſ	Investment management fees	61,045.		61,045.	
g					_
	column (A) amount, list line 1 ig expenses on Sch ().)	8,000.	6,382.	1,059.	559.
12	Advertising and promotion	730.	582.	97.	559. 51.
13	Office expenses	99,927.	76,368.	16,183.	7,376.
14	Information technology				
15	Royalties				-
16	Occupancy	03,354.	66,500.	11,028.	5,826.
17	Travel	15,255.	12,170.	2,018.	1,067.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	332,309.	332,309.		
20	Interest	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,903.	1,518.	252.	133.
23	Insurance	13,070.	10,427.	1,729.	914.
24	Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	LOGO ITEMS	39,330.	31,464.	5,113.	2,753.
ь	FAMILY SUPPORT	34,006.	27,130.	4,499.	2,377.
	NEWSLETTER	24,204.	19,310.	3,202.	1,692.
	AWARENESS AND EDUCATION	18,209.	14,567.	2,367.	1,275.
	All other expenses	26,520.	21,036.	3,642.	1,842.
25	Total functional expenses, Add lines 1 through 24e	1,917,524.	1,612,645.	220,642.	84,237.
26	Joint costs. Complete this line only if line organization			220,0421	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.	1			
	Check hare If following SOP 98-2 (ASC 958-720)]	
					Form 900 (2017)

Pe	111.7	Balance Sneet					
_		Check if Schedule O contains a response or no	ote to an	y line In this Part X	(A) Beginning of year		(8) End of year
. –	1	Cash - non-interest-bearing		+	1,001,865	┨┪	429,899.
	2				1,001,003	2	4- 427,023
	3	Pledges and grants receivable, net			23,449	3	11,504
	1 4				780	4	11,504.
	6	Accounts receivable, net			700	 "	
	"	trustees, key employees, and highest compens				1	
	6	Part II of Schedule L				5	
	ĺ	section 4958(0(1)), persons described in section		· ,			
	1	employers and aponsoring organizations of sec	-			1	1
1.4		employees' beneficiary organizations (see inatr)					
Assets	١.,					7	
ä	7	Notes and loans receivable, net			10,275.		10 000
	B	Inventories for sale or use		······	9,735.	8	10,000. -2,544.
	9	Prepaid expenses and deferred charges		······	2,733,	9	22,364.
	TUB	Lend, buildings, and equipment: cost or other		00 463			
		basis. Complete Part VI of Schedule D		80,463. 77,669.	3,109.		2 704
	1	Less: accumulated depreciation			$\frac{3,109}{1,275,696}$	100	2,794. 1,468,903.
	11	Investments - publicly traded securities			<u>1,415,030.</u>	•	1,400,903.
	12	Investments - other accurities. See Part IV, line			···· · · · · · · · · · · · · · · · · ·	12	_
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		110,083.	14	140 507	
	15	Other assets. See Part IV, line 11			2,434,992.	15	1 <u>48,507.</u> 2,069,063.
	18	Total assets. Add lines 1 through 15 (must equ				_	
	17	Accounts payable and accrued expenses			71,811.	_17	141,381.
	18	Grants payable				16	_
	19	Deferred revenue				19	<u> </u>
	20	Tax-exempt bond liabilities			***	_20 .	·
	21	Escrow or custodial account liability. Complete I				21	
Ţē:	22	Loans and other payables to current and former		1			
Liabilities		key employees, highest compensated employee					
₽.	^_	Complete Part II of Schedule L		·································		22	· · · · / / · · · · ·
	23	Secured mortgages and notes payable to unrela			•	23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, par				24	·
	25	parties, and other liabilities not included on lines	•				
			•	· .	۸	a-	_5 501
	00	Schedule D Total liabilities, Add lines 17 through 25			71,811.	25	-2,581. $138,800.$
	26	Organizations that follow SFAS 117 (ASC 958		k V	11,011.	26	730,000.
		-	-	nere - La and			
8	^-	complete lines 27 through 29, and lines 33 and lines 34 and lines 34 and lines 35 a			064 052		122 152
[[Unrestricted net assets			864,952. 1,338,295.	27	433,453.
- 20	28	Temporarily restricted net assets		I	159,934.	28	1,330,968, 165,842.
Net Assets or Fund Balances		Permanently restricted not assets Organizations that do not follow SFAS 117 (A)		about hara	107,734.	29	
딘			ac asa),	, citeck field			
° l		and complete lines 30 through 34. Capital stock or trust principal, or current funds				20	
80		Pald-in or capital surplus, or land, building, or eq				30	
<u>₹</u>		Retained earnings, endowment, accumulated in				31	
Ž		Total not assets or fund balances			2,363,181.	33	1,930,263.
		Total Babilities and not present first balance.				_	
	34	Total liabilities and net assets/fund balances			2,434,992.	34	2,069,063.

-	n 990 (2017) PRADER-WILLI SYNDROME ASSOCIATION (USA)	41-13	06908	Pa	ige 12
Pŧ	rt XI Reconciliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1.	1,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2_	1,91	7,5	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-48	0,7	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,36	3,1	81.
5	Net unrealized gains (loases) on investments	<u> 5</u>	4	7,8	03.
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain in Schadule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	1,93	0,2	<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			j	ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		[]	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	- 1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an Independent accountant?		2 5	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		Ì	ı
	consolidated basis, or both:		+ +	- 1	
	X 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		il		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u>X</u>
	if the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	~	i i	ł	
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. Зь		
			Form	990 (2	2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer Identification number PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Part ! 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(t), 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-E2),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(f)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 🔟 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 efect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type (), 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following Information about the supported organization(s). py) is the organization earth In your governing focument? (III) Type of organization (vi) Amount of other (i) Name of supported (v) Amount of monetary (described on lines 1-10) organization support (see instructions). support (see instructions) Yes Νo above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2 [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 falled to quality under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiecal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and					1 1	
	membership fees received. (Do not						
	include any "unusual grants.")		1			1	1
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				}		
	or expended on its behalf		Ì			1	-
3	The value of services or facilities				-		
	furnished by a governmental unit to			}	1		
	the organization without charge			ŀ	1		
4	Total. Add lines 1 through 3		<u>-</u>	}	1		
	The portion of total contributions]			
	by each person (other than a			1]		
	governmental unit or publicly	1					•
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	emount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from tine 4.						
Se	ction B. Total Support		•	•		•	
Cale	nder year (or fiscal year beginning in) 🕨	(a) 2013	(6) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
В	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	'				. [
	and income from similar sources						
9	Net Income from unrelated business						
	activities, whether or not the					! !	
	business is regularly carried on		·				
10	Other Income. Do not include gain	j			_		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	i				<u> </u>	
12	Gross receipts from related activities,	, etc. (see Instructio	xns)			12	
13	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and storetion C. Computation of Publi	here ic Support Per	centage				<u> </u>
	Public support percentage for 2017 (I					14	%
15	Public support percentage from 2016	Schedule A, Part I	li, line 14			15	%
168	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2016. If the o	•	-				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ь	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						. —
	organization meets the "facts and circ						
18	Private foundation. If the organization	n did not check a b	oox o <u>n line</u> 13, 16a	i, 16b, 17a, or 17b	-		
					Sche	dule A (Form 990)	or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 3 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 falls to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	reien, planes carri,	proto r cit in,				
Cat	endar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	450 130	838,581.	090 771	1,621,059,	1,105,466,	5,005,007,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exampt purpose	403,601.			336,673.		1,720,997,
•	Gross receipts from activities that	403,0014	300,007.	400,100.	330,0731	111,334.	1,720,997,
J	are not an unrelated trade or bus- inose under section 513	291,881.	74,070.	377,608.	31,692.	137,165.	912,416.
4	Tax revenues levied for the organ- ization's benofit 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	1,145,612.	1,293,318,	1,789,501.	1,989,424	1,420,565,	7,638,420,
76	Amounts included on lines 1, 2, and 3 received from disqualified persons					·	0.
t	Amounts inchided 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	302,365.			597,673.		2,126,515.
	Add lines 7a and 7b	302,365.	670,777.	315,523.	597,673.	240,177.	2,126,515.
	Public support. (Subjection 7c from Fine 6.)						5,511,905.
	tion B. Total Support				1	i	
	ndar year (or fiscal year beginning in)	(a) 2013	(ъ) 2014	(c) 2015	(മ) 2018	(e) 2017	(f) Total
	Amounts from line 6 Gross Income from interest,	1,145,612,	1,293,318,	1,789,501.	1,989,424.	1,420,565,	7,638,420,
וטמ	dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,898.	<u>65</u> ,635.	54, <u>561.</u>	79,680.	72,430.	336,204.
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses acquired after June 30, 1975						.
т 11	Add lines 10a and 10b Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	63,898.	65,635.	54,561.	79,680.	72,430.	336,204.
	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Auditnes e, 10c, 11, and 12)		1,358,953	1,844,062,	2,069,104.	1,492,995,	7,974,624,
	First five years. If the Form 990 is for	•			•		ation,
200	check this box and stop here tion C. Computation of Publi	a Sunnart Par	oontooo				
	Public support percentage for 2017 (li						69.12 %
	Public support percentage from 2016					16	69.12 % 67.51 %
	tion D. Computation of Inves			.,,	M3381: F1372 F3813813 F11	101	O7.JL 70
	Investment income percentage for 20:			• 13. column (6)		17	4.22 %
	Investment income percentage from 2]	18	4.36 %
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box an	-					
	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	ization qualifies as	a publicly suppor	ted organization ,	▶□
20	Private foundation, if the organization	<u>i dld not check a b</u>	ox on line 14, 19a,	or 19b, check thi	s box and see inst	ructions	>

Schedule A (Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 4

Part IV | Supporting Organizations

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

Section A. All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Dld the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? // "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the fereign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4956(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part Lot Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide defail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	edule A (Form 990 or 990 EZ) 2017 PRADER - WILLI SYNDROME ASSOCIATION (USA) 4 Int IV Supporting Organizations (continued)	<u>1-13069</u>	08 F	aqe <u>5</u>
•••	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	170
e			1	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
0	A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	l
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe from the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	 -	
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? if "Yes," explain in	1	1	ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations	2	.1	
~~~	AND IT ON PROPERTY OF STREET		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
_	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1	1	
Sec	tion 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?	1	$\perp \perp \mid$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s),	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		]	
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	Щ.	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee instruc	tional		
á	The organization satisfied the Activities Test. Complete line 2 below.	mons).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee Instruction.	sl	
2	Activities Test. Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	-11-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	] ]	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? if "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		[	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-52) 2017 PRADER-WILLI SYNDROME in V Type III Non-Functionally Integrated 509(a)(3) Supporti			11-1306908 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Port V/I ) Con Instructions A
•	other Type III non-functionally integrated supporting organizations must o			warr and gag 1080 deficitions's
Sec	tion A - Adjusted Net Income	Simplete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain			1
2	Recoveries of prior-year distributions	2		
3		3		
4		4		
5	Depreciation and depietion	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		7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		·	
	instructions for short tax year or assets held for part of year):			<u></u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	16		
0	Fair market value of other non-exempt-use assets	10		
_ ci	Total (add lines 1s, 1b, and 1c)	1ď		
0	Discount claimed for blockage or other	ļ		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see Instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
В	Minimum Asset Amount (add line 7 to line 6)	<u>  8   </u>		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	1		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrater	f Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990 EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a b From 2013 e From 2014 d From 2015 e From 2016 1 Total of lines 3a through e g. Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D. Ifne 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c. Remainder, Subtract lines 4a and 4b from 4. 6 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018, Add lines 3) and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 o Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A Part VI	(Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 8  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 arid 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, Ine 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.)
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# Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
_	302,365.	670,777.	315,523.	597 <u>,673</u> .	0
MICHELLE AND TOMMY TORBERT	0.	0.	0.	0.	95,070
STORR FAMILY FOUNDATION	0.	0.	0.	0.	105,070
LOIS AND STEVE	0.	o.	0.	0.	35,070
DEBRA AND ROBERT	. 0.	0.	0.	0.	4,967
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otal to Schedule A, art III, Line 7b	302,365,	670,777.	315,523.	597,673.	240,177.

# Schedule A

# Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2017	2017 Excess Payments
MICHELLE AND TOMMY TORBERT	110,000.	95,070
STORR FAMILY FOUNDATION	120,000.	105,070
LOIS AND STEVE WILLETT	50,000.	<u>35</u> ,07 <u>0</u>
DEBRA AND ROBERT LUTZ	19,897.	4 <u>,967</u>
<del></del>		
<del></del>		
		<u> </u>
		_
<del></del>		
_ <del></del>		
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		240,177.

# SCHEDULE D

(Form 990)

Oppartment of the Treasury Informal Revenue Sancce

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 119, 116, 116, 116, 116, 117, 129, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer Identification number

De	PRADER-WILLI SYNDROME ASSOCIATION (USA)	1 41-1306908
P	ort 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.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Old the organization inform all donors and donor advisors in writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use:	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose control	
	Impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	0/ Fee 7
•		IV, IKIB T.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	co <u>rrservation easemen</u> t on the last
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
_	listed in the National Register	24
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgi	
٠	year	anization defing the tax
	Number of states where property subject to conservation easement is located	
7		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	Yes 10
8	Staff and volunteer hours devoted to monitoring, Inspecting, handling of violations, and enforcing conserva	tion easements during the year
	<u>*</u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation of	easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	Yes 🔲 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
	conservation easements.	_
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yee" on Form 990, Part IV, line 8.	
1a	if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	a public service, provide, in Part XIII,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public at	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b></b> \$
	(ii) Assets included in Form 990, Part X	🕨 \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 956) relating to these items:	
8	Revenue included on Form 990, Part Vill, line 1	▶ \$
ь	Assets included in Form 990, Part X	<b>&gt;</b> \$

		-WILLI SYNI				<u>41-13</u>	<u>0690</u>	<u>8 F</u>	age 2
P	art III   Organizations Maintaining								
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of the	following that are a	ı elgnificant ı	ise of ita	collectio	n iten	าธ
	(check all that apply):								
£	Public exhibition		d Loan or ex	change programs					
t	Scholarly research	•	a 🔲 Other						
c	: Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in bow they further t	the organization's ex	kempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit								
,	to be sold to raise funds rather than to be π	raintained as part of	the organization's c	ollection?		[_	Yes	匚	□ No
<u>Pa</u>	reported an amount on Form 990, Pa	<b>ngements.</b> Compl art X, line 21.	ete if the organizatk	on answered "Yes" o	on Form 990	, Part IV, J	ne 9, or		
1a	is the organization an agent, trustee, custon	lian or other intermed	diary for contribution	ns or other assets n	ot included		<b></b>		
	on Form 990, Part X?		-				Yes		ON [
ь	If "Yes," explain the arrangement in Part XIII				***************************************				
		-	_				Amount		
C	Beginning balance				10				
d	Additions during the year								
е	Distributions during the year								
ſ	Ending balance					·			
<b>2</b> a	Did the organization include an amount on F						Yes		No
<u></u> b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	<u>kplanation has been</u>	provided on Part XI	JI III				]
	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year		(c) Two years back		ars back	(e) Four	years.	back
18	Beginning of year balance	159,934,	133,884,	111,150		3,448,			821,
ь	Contributions	5,908,	26,050.			7,702,			627.
C	Net investment earnings, gains, and losses								
ď	Grants or scholarships				† · · · <del>-</del> · · · · ·				
e	Other expenditures for facilities		<u> </u>			<b>-</b> · <del> </del> †			
	and programs		•						
f	Administrative expenses			_	· · · · · -	-			
ß	End of year balance		159,934.	133,884,	11	1,150,		103	A48
2	Provide the estimated percentage of the cur-					= .= - 11 -	- —		270,
á	Soard designated or quasi-endowment		%	<i>.</i>					
ь	Permanent endowment > _ 94.00	%							
¢	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
30	Are there endowment funds not in the posse		tion that are held at	nd administered for	the organizat	tion			
	by:	;					Į,	Yea	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations	•••••••••••					3a(!!)	• 🕇	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as regula	ed on Schedule R?	•••••••••••••••••••••••••••••••			310		<u></u>
4	Describe in Part XIII the intended uses of the	organization's endo	wmant funds.	***************************************					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		. Part IV. line 11a. Si	ee Form 990, Part X	. line 10.				
	Description of property	(a) Cost or of			ccumulated		j Book	value	
		basis (investm			preclation	1 '	<b>4</b> = = = =	*****	
18	Land		<del>'   '</del>					_	—
	Buildings				_				
c	Lessehold improvements	. [							
	Equipment		54	4,277.	51,48	3.		,79	4
	Other			5,186.	26,180			,,,	0
	Add lines 1a through 1e. (Column (d) must ed						3	79	14

Part VII Investments - Other Securities.		ASSOCIATION		1-1306908 Page 3
Complete if the organization answered "Yes (a) Description of security or calegory (netwing name of security)	on Form 990, Part of			- d - d - d
		(c) Metropa of	valuation: Cost or ea	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	ļ			
(A)	ļ <u>.</u>			
<u>(8)</u>	<del></del>		<b></b>	·
(C)	<u> </u>	<u></u>		<u> </u>
(O)				<u> </u>
(E)	<del> </del>			
(F)	<u> </u>		<u> </u>	
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) tine 12.) Part VIII Investments - Program Related.				<del></del>
Complete if the organization enswered "Yes	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(e) Mothod of v	valuation: Cost or er	id-of-year market value
(1)				
(2)		<u> </u>		
[3]				
(4)		_	•	<del></del>
(5)				
(6)				
(7)		<del>-</del>		
(8)		<del></del>		
(9)		<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (8) 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.	
	Description			(b) Book value
(1) DEPOSITS				4,750.
(2) DONATED AUCTION ITEMS	· ·			12,000.
(3) INVESTMENTS HELD AT COMMU	NITY FOUNDA	VTTON		131,757.
(4)				131,1371
(5)		· <del></del> ··-		
(6)	"			
		····		· · ·
	<u>.</u> .			
( <del>0</del> )				
Totel, (Column (b) must equal Form 990, Part X, col. (B) lin Part X   Other Liabilities.	e 15.)		<u></u>	148,507.
<del></del>	C 000 D-4 01	K 44 446 Dag Fa-	. 000 D-+1/ F 00	
Complete if the organization answered "Yes"  1. (a) Description of liability	on Politi 890, Part IV.	(b) Book value	1990, Part A, Rhe 25	<u>.                                    </u>
	— ·· <del></del>	(D) BOOK VAIDS		
(1) Federal income taxes		2 502		
2) DUE TO RELATED PARTIES		-2,581.		
(3)	<del></del>			
(4)				
	— ·-——	<del></del>		
(6)				
(7)				
(8)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim		-2,581.		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	RIGHT PRADER-WILLL SYNDROME ASSOC			41-	<u>1306908 Page 4</u>
Pa	t XI Reconcillation of Revenue per Audited Financial Statemen	nts W	fith Revenue per l	Retun	n.
-	Complete if the organization answered "Yes" on Form 980, Part IV, line 12a.			_	
1	Total revenue, gains, and other support per audited financial statements			1	2,339,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1 45 555	1	
	Net unrealized gains (losses) on investments		$\frac{47,803}{250,763}$		
Þ	Donated services and use of [actities]	2b	<u>859,743</u>	4	
0	Recoveries of prior year grants	20	EC 100	4	
	Other (Describe in Part XIII.)		56, <u>192</u> .	ግ	060 800
	Add lines 2a through 2d	•••••		2e	963,738.
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,375,758.
•	Investment expenses not included on Form 990, Part VIII, line 7b	ا مد ا	61,045		
	Other (Describe in Part XIII.)		01,045	4	
	Add lines 4a and 4b			40	61,045.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•••••••••••••	5	1,436,803.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	ith Excenses per		irn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,772,414.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	859,743.	J	
	Prior year adjustments	2b		]	
	Other losses	20		] {	
	Other (Describe in Part XIII.)		56,192.	Į Į	
	Add lines 2a through 2d			<u>2e</u>	<u>915,935.</u>
	Subtract line 2e from line 1	<b>.</b>		3	<u>1,856,479.</u>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		61,045.		
	Other (Describe in Part XIII.)		<del> </del>	<b>!</b>	64 645
	Add lines 4a and 4b			<del>-4</del> º ↓	61,045.
	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.	•••••		5	1,917,524.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines	th and Ohi Davi M flas	Ar Mark	V Fac O Doe VI
	to and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			a' Lant	A, mie Z, Peit Al,
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		om aniom.		
			_		
PAR	T X, LINE 2:				
<u>MAN</u>	<u>AGEMENT HAS EVALUATED THE EFFECT OF AN ACC</u>	<u>CMUO</u>	<u>'ING STANDAR</u>	D RE	ELATING TO
ACC	OUNTING FOR UNCERTAINTY IN INCOME TAXES. 1	MANA	GEMENT HAS	DETE	RMINED
mu a	T THE FOUNDATION HAD NO UNCERTAIN INCOME TO	.v r	ACTETANA EN	300 /	10tur m 11337th
11167	I THE POUNDATION RAD NO UNCERTAIN INCOME TO	#Y 1	OSITIONS TH	AT (	COUDD HAVE
A S	IGNIFICANT EFFECT ON THE FINANCIAL STATEMEN	उक्त	ያለው ጥዛቱ VRA	איזו בו	מאמנ
			TOR THE TER	K EL	,
DEC:	EMBER 31, 2017. THE FOUNDATION'S FEDERAL	INCO	ME TAX RETU	RNS	ARE
SUB	JECT TO EXAMINATION BY THE INTERNAL REVENUE	e se	RVICE, GENE	<u>RALI</u>	Y FOR
THR:	BE YEARS AFTER THE FEDERAL INCOME TAX RETUR	RNS	<u>WERE FILED.</u>		
	<del></del>	- —			
PAR'	r XI, LINE 2D - OTHER ADJUSTMENTS:				
<u>FUNI</u>	DRAISING EXPENSE - \$49,291				<del> </del>
PRO	MOTIONAL MATERIAL - \$6,901				
732054				Schedi	ule D (Form 990) 2017

Schedule D (Form 990) 2017

٢٢	neou art	ule G (Form 990 or 990-EZ) 2017 PRADER	the organization answere	d *Yes" on Form 990, Pa	rt IV, line 18, or reporte	d more than \$15,000
 en			(a) Event #1 FUNDRAISING EVENTS (ovent type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (o))
Revenue	1	Gross receipts	301,408			301,408.
	2	Less: Contributions	164,243.			164,243.
	3	Gross income (line 1 mlnus line 2)	137,165,			137,165.
	4	Cash prizes				
	5	Noncash prizes				
Sirect Expenses	6	Rent/facility costs				
Direct 6	7	Food and beverages	<del></del>		<u></u>	
		Entertainment				
		Other direct expenses			<del></del>	49.291.
		Direct expense summary. Add lines 4 throug Net Income summary. Subtract line 10 from I				49,291. 87,874.
Pa	irt I	III Gaming. Complete if the organization	answered 'Yes" on Form	990, Part IV, line 19, or r	reported more than	07,074.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue		•	(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>«</u>	1	Gross revenue	[			
g	2					
2		Cash prizes				
t Expens						
Direct Expenses	3	Cash prizes				
Oirect Expens	3	Cash prizes  Noncash prizes  Rent/facility costs				
Oirect Expens	3 4 5	Cash prizes Noncash prizes		Yes % [	Yes%	
Ofrect Expens	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	<u> </u>	No No	
Oirect Expens	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No 15 In column (d)	No	No No	
9 a	3 4 6 7 B Enter Is the	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes % No  5 In column (d)  from line 1, column (d)  acts gaming activities:	No [	No P	Yes No
9 a b	3 4 5 7 BEnter is the lift "N	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes % No  5 In column (d)	No Nates?	No b	

	dula G (Form 990 or 990-EZ) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-		Page 3
11 0	loss the organization conduct gaming activities with nonmembers?	Yes	☐ No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
te	o administer charitable gaming?	Yes	☐ No
	ndicate the percentage of gaming activity conducted in:		
	he organization's facility	13a	34
	vi outskie facility	7	94
	inter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
	але  >		
	ddress ►		
	tions the organization have a contract with a third party from whom the organization receives gaming revenue?		□ No
		168	
	"Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	f gaming revenue retained by the third party 🕨 \$		
e If	"Yes," enter name and address of the third party:		
N	ame ►		
A	ddress ▶		
16 G	aming manager information:		
N	ame ►		
G	aming manager compensation 🕨 \$		
De	eacription of services provided 🕨		
_			
_	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17 M	andatory distributions:		
	the organization required under state law to make charitable distributions from the garning proceeds to		
		Yea	□ No
	tain the state gaming license?  Item the amount of distributions required under state law to be distributed to other exempt organizations or spant in the	168	NO
	• •		
Part 1	ganization's own exempt activities during the tax year > \$		- 166
E SILL		nes 9, 90, 10;	D, 15D,
	150, 16, and 17b, as applicable. Also provide any additional information. See Instructions.		
	<del></del>		
			_
	_ <del></del>		
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# SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundralsing or Gaming Activities

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

Atlach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest histructions.

OMB No. 1545-0047

20<del>17</del>

Open to Public Inspection

Name of the organization	•			-		Employer Ide	ntification number
	ILLI SYNDROME AS					41-1306	
Fundraising Activities, or required to complete this part.	Complete if the organization answ	ered "	Yes" a	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d Internet solicitations 2 a Did the organization have a written or key employees fisted in Form 990, Parb If "Yes," list the 10 highest paid individencempensated at least \$5,000 by the organization.	e Solicity f Solicity g Special oral agreement with any individual t VII) or entity in connection with  fuals or entities (fundraisers) pure	ation of ation of I funds I (inclu profess	non-g gover alsing ding o	overnment grants mment grants events fficers, directors, tru fundralsing services?	stees,	Yes	
(i) Name and address of individual or entity (fundraleer)	(ii) Activity	(iii) fundi have o or cor contrib	Did alser uslody bol of pilone?	(Iv) Gross receipts from activity	to (o	Amount paid r retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
	-	Yes	No	-			
		_					<u> </u>
	-	<del>                                     </del>					<u> </u>
						_ <del></del> _	
		<u> </u>					
	·•						
						-	
		1					
<del></del>	<del></del>						
Total	······		▶				
3 List all states in which the organization is or licensing.	s registered or licensed to solicit (	contribe	utlons	or has been notified	it la e	er mont squaex	gistration
·		-			_		
<del></del>	<del>-</del> -					<del></del>	<del></del> ·
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Schedule D (Form 990) 2017 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page  [Part XIII] Supplemental Information (continued)
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSE - \$49,291
PROMOTIONAL MATERIAL - \$6,601
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Schedule G	(Form 990 or 990 EZ)	PRADER-WILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908 Page 4
Part IV	Supplemental Info	rmation (continued)	•			41-1306908 Page 4
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SCHEDULE (Form 990) Opportment of the Treasury Informal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1549-0047

Go to www.irs.gowForm990 for the latest Information. ▶ Attach to Form 990.

Open to Public Inspection

ء بخ Employer identification number 41-1306908 MALE CAREGIVER SURVEY (h) Purpose of grant TOT MICHOBIOMS STUDY CONSORTIUM CLINICAL or assistance PIG MODEL RESEARCH TR SUBSTITUTION 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 CANCER DICC **WSEARCH** TRIALS ..... Does the organization maintain records to substantiate the amount of the grants or assistance, the grantses' eligibility for the grants or assistance, and the selection (g) Description of noncesh assistance Enter total number of section 501(¢)(3) and government organizations listed in the line 1 table (f) Method of valuation (bock, FMV, appraisal, g Ferror Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of crant funds in the United States. reciplent that received more than \$5,000. Part It can be duplicated if additional space is needed. SYNDROME ASSOCIATION (USA) (d) Amount of cash grant 16,095 77 989 500 120,000 37,500 (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? General Information on Grants and Assistance (G) PRADER-WILLI 1 (a) Name and address of organization CHILDREN'S BOSPITAL OF PITTSBURGH UNIVERSITY OF WESTERN AUSTRALIA RESEARCH - 340 S. LEMON AVE., GOVENORS OF THE UNIVERSITY OF UNIVERSITY OF SOUTH FLORIDA FOUNDATION FOR PRADER-WILLS ALBERTA - 8406 91 ST. NW -EDMONTON, ALBERTA, CANADA PERTH WA AUSTRALIA 6009 #3620 - WALNUT, CA 91789 or government 4202 EAST FONLER AVE. PITTSBURGH, PA 15224 35 STIRLING HIGHWAY Name of the organization FARREMAN MUSTAFAA TAMPA FL 33620 4401 PENN AVE. Part part

71-10-11 101267

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

Schedule I (Form 990) (2017)

41-1306908 Page 1	(h) Purpose of grant or assistance	downing top of official (1905)					Schedule   Form 990
:	(g) Description of non-cash assistance		1 1 1 1 1				1
edule ( Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
) nited States (Sch	(e) Amount of non-cash assistance	0					
ASSOCIATION (USA) nts and Organizations in the Uni	(d) Amount of cash grant	455,				:	
OME ASSOCIA	(c) IRC section if applicable						
LLI SYNDRA	(b) EIN	:					
Schedule   (Form 990) PRADER - WILLI SYNDROME ASSOCIATION (USA)   Part    Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part    .)	(a) Name and address of organization or government	VARIOUS ASSISTANCE					

41-1306908 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. PRADER-WILLI SYNDROME ASSOCIATION (USA) Schedule I (Form 990) (2017) Part III

Page 2

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 61, 228, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance CRISIS INTERVENTION - VARIOUS 732102 11-01-17

## SCHEDULE O

(Form: 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1846-0047 Open to Public Inspection

Name of the organization

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Employer identification number

41-1306908 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH DIRECTED AT IMPROVING CURRENT TREATMENT METHODS AND TO DEVELOP A CURE. FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF BOARD MEMBERS AND THEIR RIGHTS - THE ORGANIZATION HAS MEMBERS THAT MAY BE MEMBERS FO THE BOARD OF DIRECTORS, __ FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS SUBJECT TO APPROVAL OF MEMBERS - SOME DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF THE MEMBERS OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE COMMITTEE AND TREASURER REVIEWED AND APPROVED THE IRS FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: ENFORCEMENT OF CONFLICTS OF INTEREST POLICY - OFFICERS, DIRECTORS, AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST FORM EACH YEAR AT THE FALL SEMI-ANNUAL BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION PROCESS FOR TOP OFFICIALS - THE POLICY FOR DETERMINING COMPENSATION OF THE PWSA EXECUTIVE DIRECTOR INCLUDES THE ELEMENTS OF 1) REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS, 2) USE OF DATA OF COMPARABLE COMPENSATION, AND 3) COMTEMPORANEOUS

Name of the organization  PRADER-WILLI SYNDROME ASSOCIATION (USA)	Employer identification number 41-1306908
DOCUMENTATION AND RECORDKEEPING.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - THE ASSOCIA	TION WHEN REQUESTED
WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE REQUESTING PUBLIC.	
FORM 990, PART XII, LINE 2C '	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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# 2017 DEPRECIATION AND AMORTIZATION REPORT

Description   Acquest   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Desc	PORM 9	FORM 990 PAGE 10				ĺ		990						
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CE FUNDALTURE  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		FURNITURE & PIXTURES		. <u> </u>										
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STATE AND SHELFTS   01/16/10   SL   1.00   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   1.05   LS   LS   LS   LS   LS   LS   LS   L	17		09/21/01		5.00	4_		5,892.		15,892,	15,892.		ė	15,892.
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10   10   10   10   10   10   10   10	ଶ	COTTENS & PHONE JACKS	09/26/07	215	7.00	T		740.		740.	740+		ò	740.
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TSWAY COMPUTERS   09/02/98 SL   5.00   L6   1,054.   1,054.   1,054.   1,054.   1,054.   0.		Machinery & Equipment								<u>-</u>				-
COMPUTER         06/05/06 SL         5.00         L6         1,054.         1,054.         1,054.         1,054.         1,054.         1,054.         0.           COMPUTER         06/05/06 SL         5.00         16         637.         637.         637.         0.           ECTOR         16/23/06 SL         5.00         16         2,306.         600.         600.         600.         0.           COMPUTERS         03/10/07 SL         5.00         16         2,396.         2,396.         2,396.         0.           COMPUTERS         05/06/07 SL         5.00         16         2,298.         2,298.         2,298.         0.           COMPUTERS         07/03/07 SL         5.00         16         1,229.         1,229.         1,229.         0.           COMPUTERS         10/05/07 SL         5.00         16         3,559.         2,559.         2,559.         0.           LARTOP CRISTS         09/05/08 SL         5.00         16         350.         950.         0.	н	2 GATEWAY COMPUTERS	09/02/98		5,30			2,556.		2,556.	2,556.		0	2,556.
COMPUTER         06/05/06 SL         5.00         16         637.         637.         637.         637.         0.           FECTOR         10/23/06 SL         5.00         16         2,306.         600.         600.         600.         0.           COMPUTERS         03/10/07 SL         5.00         16         2,238.         2,298.         2,298.         0.           COMPUTER         07/03/07 SL         5.00         16         2,559.         1,229.         1,229.         1,229.         0.           ADMINISTRA         07/03/07 SL         5.00         16         2,559.         2,559.         2,559.         0.           ADMINISTRA         09/05/08 SL         5.00         16         350.         350.         0.	6	DELL COMPUTER	90/50/90		5.00	9.1		1,054.		1,054,	1,054.		Ö	1,054.
TOMECTERS   16/23/06   St.   5.00   16   2,306.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.   600.	m	DELL COMPUTER	90/50/90	SĽ	5.00	15		637.		637.	637.		ó	637,
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	65	DELL LAPTOP CRISIS	09/05/08	SL	5,00	19	_	950.		950,	950.		0.	950.

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

(D) - Asset disposed

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

2017 DEPRECIATION AND AMORTIZATION REPORT

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٧.	No.	Description	Cate Acquired	Method	Like	No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
		CORRENT YEAR ACTIVITY		<u>.</u>											
<u> </u>		BEGINNING BALANCE					78,874.			٥,	78,874.	75,765.			77,357.
		ACQUISITIONS					1,589.			0	1,589.	•0			312.
<del></del>		DISPOSITIONS								ò	ά,	÷			C,
		ENDING BALANCE					80,463.	_		ं	80,463.	75,765.			77,669.
		ENDING ACCUM DEPR										77,669.			
		ENDING BOOK VALUE						-				2,794.			
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ŽŽ.	214.	72511' 04-01-17					(D) - Asset disposed	pesco		•	TC Sakada	Ronas, Como	mercial Boutte		

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

(D) - Asset disposed

Form **8868** (Rev. January 2017)

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

OMB No. 1545-1709

Department of the Treasury internal Revenue Service

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.ke.gov/form8868 .

Electronic filing (s-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Senefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filera), partnerships, HEMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 41-1306908 PRADER-WILLI SYNDROME ASSOCIATION (USA) Fire by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for 8588 POTTER PARK DRIVE SUITE 500 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions 34238 SARASOTA, FL Enter the Return Code for the return that this application is for (tile a separate application for each return) Return Return Application Application <u>Çode</u> <u>Çode</u> Is For is For Fo<u>rm 990</u> or <u>Form 990</u>-EZ <u>01</u> Form 990-T (corporation) 07 08 02 Form 1041-A Form 990-BL 09 03 Form 4720 (other than individual) Form 4720 (individual) 10 Form 990 PF 04 Form 5227 Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 Form 990-T (frust other than above) 06 STEVE OUEIOR, CEO • The books are in the care of ▶ 8588 POTTER PARK DRIVE, SUITE 500 - SARASOTA, FL 34238 Tolophone No. ► 941-312-0400 Fax No. -If the organization does not have an office or place of business in the United States, check this box _ . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 🔃 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EiNs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.

Initial return

Final return

3а

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

if this application is for Forms 990-PF, 990-T, 4720, or 8089, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

☐ Change in accounting period.

nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2017)