(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpave	r identifica	ation number (TIN)	
print							
	PRADER-WILLI SYNDROME ASSOCIATION (USA)				41-1	306908	
File by the due date for filing your return. See	e date for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34238							
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Applicatio	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	BL	02	Form 1041-A			08	
Form 4720	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above) PAIGE RIVARD,	06	Form 8870			12	
<ul> <li>If the o</li> <li>If this is</li> <li>box  <ul> <li>If this is</li> </ul> </li> <li>1 I recently the point of the</li></ul>	<ul> <li>I request an automatic 6-month extension of time until <u>NOVEMBER 15, 2021</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</li> <li>★ calendar year 2020 or</li> <li>★ tax year beginning, and ending</li> </ul>						
any	is application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.			3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069					•	
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa					0	
	ng EFTPS (Electronic Federal Tax Payment System). Se			30	\$	0.	
Caution: I	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8	3879-EO for payment	

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

OMB No. 1545-0047

<b>-</b>	q	q	Λ
Form	J	J	U

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



Department of the Treasury Internal Revenue Service

AF	or the	2020 calendar year, or tax year beginning and end	ding		
B c	Check if pplicable	C Name of organization		D Employer identific	ation number
	Addres change Name change	PRADER-WILLI SYNDROME ASSOCIATION (USA)		41 120600	10
	_]chang ⊐Initial		<i>(</i> ))	41-130690	
	_Initial _return _Final _return/	8588 POTTER PARK DRIVE SUITE 500	om/suite	E Telephone number 941-487-6	5724
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,273,909.
	Ameno			H(a) Is this a group re	
	Applic tion			for subordinates?	? 🖸 Yes I 🗶 No
	pendir	<sup>9</sup> 8588 POTTER PARK DRIVE, SUITE 500, SARAS	OTA,	H(b) Are all subordinates ind	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) or [	527	lf "No," attach a l	ist. See instructions
		e: WWW.PWSAUSA.ORG		H(c) Group exemption	
κF	orm of	organization: 🚺 Corporation 🔄 Trust 🦳 Association 🔛 Other 🕨	L Year o	f formation: 1977 M	State of legal domicile: $\mathbf{FL}$
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO ENH.	IANCE	THE QUALITY	COF LIFE
Activities & Governance		AND EMPOWER THOSE AFFECTED BY PRADER-WILLI	SYN	DROME.	
ern		Check this box 🕨 🛄 if the organization discontinued its operations or disposed			
202		Number of voting members of the governing body (Part VI, line 1a)			15
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			14
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			18
tivit		Total number of volunteers (estimate if necessary)			184
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ue		Contributions and grants (Part VIII, line 1h)		1,108,038. 324,182.	1,205,843.
Revenue		Program service revenue (Part VIII, line 2g)		64,087.	40,952.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,715.	-27,347.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,498,022.	1,219,448.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		275,032.	152,219.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		747,896.	792,630.
sec		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 137,062			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	707,575.	255,417.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,730,503.	1,200,266.
		Revenue less expenses. Subtract line 18 from line 12		-232,481.	19,182.
or			Beg	jinning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,200,383.	1,920,086.
Asse	21	Total liabilities (Part X, line 26)		579,542.	107,681.
Puet	22	Net assets or fund balances. Subtract line 21 from line 20		1,620,841.	1,812,405.
	art II	Signature Block		-	-
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		PAIGE RIVARD, CEO			
		Type or print name and title			

	Print/Type preparer's name	Preparer's signature Da			
Paid	MICHAEL R. PENDER	3 0	3/05/21 <sup>if</sup> self-employed P00850742		
Preparer	Firm's name CAVANAUGH & CO.		Firm's EIN ▶ 59-1954606		
Use Only	Firm's address 2381 FRUITVILLE	ROAD			
	SARASOTA, FL 342	37	Phone no. (941)366-2983		
May the II	fay the IRS discuss this return with the preparer shown above? See instructions				
			- 000 (*****		

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	TO ENHANCE THE QUALITY OF LIFE AND EMPOWER THOSE AFFECTED BY PRADER-WILLI SYNDROME.
	PRADER-WILLI SINDROME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 210,865. including grants of \$ ) (Revenue \$ )
48	(Code:) (Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$)
	APPROACHES IN DEALING WITH PRADER-WILLI SYNDROME.
4b	(Code: ) (Expenses \$ 765,825. including grants of \$ 152,219.) (Revenue \$ )
	CRISIS AND INTERVENTION TRAINING TO ASSIST IN TREATMENT AND SUPPORT.
4c	(Code: ) (Expenses \$ 25,279. including grants of \$ ) (Revenue \$ 2,908. )
	DISTRIBUTION OF EDUCATIONAL MATERIALS AND PARENT INTERVENTION REGARDING
	PRADER-WILLI SYNDROME.
4d	Other program services (Describe on Schedule O.)
A.c.	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,001,969.
<u>4e</u>	Total program service expenses ► 1,001,969.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? 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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? 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? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07	х	
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27	<u>л</u>	
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ŭ	"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			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, 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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Roy 2 of Earm 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a6Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
	(ganioning) within go to prize with or the			

020)	PRADER-WILLI			
Staten	nents Regarding Other IRS	Filings and Ta	ax Compliance (cont	inued)

2a         Inter the number of employees reported on from W-3, Transmital of Wage and Tax Statements,         2a         10           b         If a least one is reported on the 2a, did the organization file all required tedraf employment tax returns?         2b         X           a         Date organization have unrelated business gross income of \$1,000 or more during the year?         3a         Date organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           b         If ''''''s, '' reft of the '''''s <i>in reft of the '''''''''''''''''''''''''''''''''''</i>				Yes	No
b         If a last one is responded on line 2a, did the organization file al incquined tears employment tax nutures?         2b         X           Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>File</i> (see inclustorian)         3a         X           b         Mate with the sum of lines 1a and 2a is greater than 250, you may be required to <i>File</i> (see inclustor)         3a         X           b         Mate with the sum of lines 1a and 2a is greater than 250, you may be required to <i>File</i> (see inclustor)         3a         X           b         Mate with the same of lines 1a, or 3 significant on the sum threast 1, or a significant on 3chedule 0         3a         X           b         Mate with the same of the foreign country (such as a bark account, securities account, or other financial account)?         4a         X           b         M''''''s the filter the name of the organization the term 886-17.         5a         X           b         Oth the organization aputy to aprohibed tax shelter transaction?         5a         X           b         Mate with the organization action and sprite or other organization solid any scale party notify the organization include with every solidation an express statement that such contributions or gifts were not tax deductible?         5a         X           c         Organization shut may receive deductible contributions or gifts were not tax deductible?         7a         X           f         O	2a				
Note:         It is a model lines 1 and 2 als ignation than 250, you may be required to 6-file (see instructions)         Image: The set of the organization have unrelated business gross income during the year?         Image: The set of the organization have an interest in, or a signature or other authority over, a financial account in a forsign country (such as a bank account, social socia		filed for the calendar year ending with or within the year covered by this return 2a 2a 18			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If "yes," has tified a Form 3000T for this year! If "No" to it did so yoorde an explanation on Schedule 0       3b       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         bit "yes," enter the name of the foreign country, such has a bank account, securities account, or other financial account?       5a       X         bit any time during requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a       X       5a       X         bit any tixable party notify the organization the from 8869.7?       5a       X       5b       X         cit "yes" to bit any cancel the organization in the may set of the stay set?       5a       X       X         cit "yes" to bit any cancel the organization include with every solication an express statement that such contributions or gifts were not tax deductible?       5a       X         cit "yes" to bit the organization include with every solication an express statement that such contributions or gifts were not tax deductible?       7a       X         cit "yes", indicate the number of Forms 8282? Hed during the year       7d       7a       X         cit the organization number any taxe during the year?       7a       X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If "Yes," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule 0       30         4       At any time during the calendary year, (if the organization have an interest in, or a signature or other statherty over, a financial account)       4a       X         b       If "Yes," enter the name of the foreign country between the state account, social as a back account, social as		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a       4a       X         bit 1*0s; * other the name of the foreign country	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Information 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 &     5a     X       5a     Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?     5a     X       5a     Was the organization aparty to a prohibited tax shelfer transaction?     5c     X       5b     Did any taxable party noity the organization file Form 8898-17?     5c     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she annual gross receipts that are normally greater than \$100,000, and did the organization she annual gross receipts that are normally greater than \$100,000, and did the organization she annual gross receipts that are normally greater than \$100,000, and did the organization neeves aparted to the tax other than \$100,000, and did the organization she and tax deductible?     7a     X       7     7 granization neeve aparted tax deductible contributions on darp for groods and services provided to the payo?     7a     X       7     7a     X     7a     X       6     Did the organization neeve any funds, directly or indirectly, to pay prenums on a personal benefit contract?     7a     X       7     7a     X     7a     X     7a     X       6     Did the organization neeve any funds, directly or indinectly, to pay prenums on apersonal benefit contract? <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th> <th>3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See If "Yes" to be Sa or 5b, dif the organization file Form 888677. See The See The Sec Sec Set of the organization file Form 888677. See The Sec Sec Set of the organization include with every solicitation an operses statement that such contributions or gifts are not tax deductible as charitable contributions? See The organization neluce with every solicitation and partly for ports and services provided to the payor? To Cranizations that may receive deductible contributions under section 170(c). See The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? See The organization neceive any funds, directly or indirectly, on a personal benefit contract? To X	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the organization file form 8886-17.       5c       X         5b       Did any taxable party notify the organization file form 8886-17.       5c       X         5b       Difference to the organization near nonaling organization an express statement that such contributions or gifts were not tax deductible as charitable contributions of the organization nolude with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organization self, example in excess 015/6 made party as a contribution and party for gods and services provided to the party of the organization nolity were dispose of tangible personal property for which it was required to the organization near example in excess 015/6 made party as a contribution of enginetic on tract?       7a       X         7       Did the organization near example in excess 015/6 made party as a contribution of enginetic on tract?       7a       X         7       Tax       Tax       Ta       X       Tax		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction?     5a     X       b     Did any taxable party notify the organization file form 88861?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that way receive deductible contributions?     5c     X       b     If 'Yes,' to the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?     6b     X       c     Organizations that may receive deductible contributions under section 170(c).     a bit the organization notify the doors of the payle of the goods or services provided to the payrit?     7a     X       c     Did the organization notify the door of the value of the goods or services provided to the payrit?     7a     X       c     Did the organization notify the door of the value of the goods or services provided to the payrit?     7a     X       d     Did the organization notify the door of the value of the goods or services provided to the payrit?     7a     X       d     Did the organization notify the door of the value of the goods or services provided to the payrit?     7a     X       d     Did the organization neceive a purptimum, directly or noficerity, on a personal benefit contract?     7t     X       d     Did the organization makes any taxable distributions under section 4866?     3a     3a     3a	b	If "Yes," enter the name of the foreign country 🕨			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes," to line 5a or 5b, did the organization file Form 8886 T?       5c       5c         d       Dest be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       5c       5c         f       Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       7c         7 Organization neeve apament in excess of 57 made party as a contribution and party for goods and services provided to the party to the form 8282?       7c       X         D id the organization neeve apament in excess of 57 made party is a contribution and party for goods and services provided to the party to the form 8282?       7c       X         d       If Yes," indicate the number of Form 8282 filed during the year       2d       7d       X         f       Did the organization neeves any funds, directly or indirectly, to pay premums on a personal benefit contract?       7e       X         g       If the organization neeves a contribution of cars, boats, any time during the year?       8       8       8         9       Sponsoring organization neeves acontribution of cars, boats, any time during the year?       9a       9a       9a       9a       9a       9a					
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     5c       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     5c       7     Organizations that may receive deductible contributions under section 170(c).     6b     7a     X       9     If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor to the form 8282?     7a     X       c     Did the organization neceive a payment in excess of \$7b made pathy as a contributions on a personal benefit contract?     7a     X       d     Did the organization neceive any functs, directly or indirectly, on pay premiums on a personal benefit contract?     7c     X       d     Did the organization received a contribution of qualified intelectual property, did the organization file Form 1088-27     7a     X       f     B sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       g     Did the sponsoring organizations maintaining door advised funds. Did a donor divised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a	5a				
Ga       Des 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?       Ga       X         b       If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       Gb       Image: Control of C	b		5b		X
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     Did the organization during the year, approximation on a personal benefit contract?     7r     X       g     If the organization during the year, approximation during during the year, approximation during during the year, approximation and approximation file Form 8898 as required?     7g     X       f     If the organization during the year, approximation and during the year?     8a     9     9       Sponsoring organization maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds.     10a     10a     10a       g     Sponsoring organization make a sitzhibution to a donor, donor advised funds.     10a     10a     10a       g </th <th></th> <th></th> <th>5c</th> <th></th> <th></th>			5c		
b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c), a bid the organization receive a payment in excess of \$5" made party as a contribution and party for yoods and services provided to the payor? Ta     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? To     X       c     Did the organization notify the donor of the value of the goods or services provided? To     X       c     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To     Z       d     If "Yes," indicate the number of Forms \$282 filed during the year     Td       e     Did the organization receive a contribution of qualified intellectual property (or which it was required to file form ganization meceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8998 as required? Th     Td       f     H organization maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did becton 501(c)(12) organizations. Enter: a Gross income from members or shareholders Did the organization science. (Do not net amounts due or paid to other sources against amounts due or received fr	6a				
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       10 the organization receive a payment in excess 0 \$57 made party as a contribution and party for goods and services provided to the payor?     7a     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d If "ves," indicate the number of Forms 8282 field during the year     7d     7e     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1096 CP     7g     X       g If the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     8a       9 Sonsorring organization make any taxable distributions under section 4966?     9a     9b       9 Did the sponsoring organization. Enter:     10a     10b       a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities     10a     10b       9 Did the organization neaver organization. Enter:     10a     10a     10b       112     10a     10a     10a       113     Section 501(c)(12) organizations. Enter:     10a     10a			6a		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       In the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         0       bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7c       X         0       bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7d       X         4       bit the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7e       X         7       file do ganization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         9       Sponsoring organization maintaining donor advised funds.       7f       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9a         9       Did the sponsoring organizations. Enter:       10a       10b       10a       10a       10a       10a       10a       10a       10a<	b				
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization neitly 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?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7f       X         f Did the organization received a contribution of qualified intellectual property of which it was required       7f       X       X         f If the organization received a contribution of cars, boats, alipianes, or other vehicles, did the organization file a Form 1088C?       7f       X       X         g If the organization received a contribution of cars, boats, alipianes, or other vehicles, did the organization file a Form 1088C?       7g       X       X         g Sponsoring organization maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9       9         g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       0       0         g Sonsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9       0         g organization self       Do	_		6b		
b       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       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7ft       X         f       If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?       7h       X         g       Sponsoring organization maintaining door advised funds.       8       9       9         sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9b       9b         Section 501(c)(7) organizations. Enter:       11a       10a       10a       10a       10a         Section 501(c)(2) organizations. Enter:       11a       10a       10a       10a       10a       10a       10a       10a <td< th=""><th></th><th></th><th>_</th><th>v</th><th></th></td<>			_	v	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       Yes," indicate the number of Forms 8282 filed during the year       [7d]       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         h       If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8       8         a       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         b       Did the sponsoring organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       10b       10b         1       Section 501(c)(12) organizations. Enter:       11a       10b       10c       10c       10c       10c       10c					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, directly or indirectly, on pay premiums on a personal benefit contract?       7t       X         f Did the organization receive as funds, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7n       X         8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       9a       9b       9b <th></th> <th></th> <th>7b</th> <th>Δ</th> <th></th>			7b	Δ	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         g Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       Ba       Ba         9 Sponsoring organizations make any taxable distributions under section 4966?       Ba       Ba       Ba         10 Section 501(c)(7) organizations. Enter:       Intal       Intal       Ba       Ba         11 Section 501(c)(12) organizations. Enter:       Intal       Intal       Ba       Ba       Ba         12 Section 501(c)(12) organizations. Enter:       Intal       Intal       Intal       Ba       Ba <th>С</th> <th></th> <th>-</th> <th></th> <th>v</th>	С		-		v
e       Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay permiums, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         8       Sponsoring organizations maintaining doorn advised funds.       a       9a       9b       0a       0a </th <th></th> <th></th> <th>/c</th> <th></th> <th></th>			/c		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       78       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       71       X         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         Did the sponsoring organizations. Enter:       10a       10a       10a       9         Did the sone sonce of the sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b			70		x
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.       7a         9 Sponsoring organizations maintaining donor advised funds.       8a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations. Enter:       9b         a Initiation fees and capital contributions included on Part VIII, line 12       10a         10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       b ff "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13a       13a       13a         14a       13b       13a         15 Enter the amount of reserves on hand       13b       13b <th></th> <th></th> <th></th> <th></th> <th></th>					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       10a       10b       11c       10c         11       Section 501(c)(12) organizations. Enter:       10a       10b       10c       11c         12       Section 501(c)(21) organizations. Enter:       11a       10c       11c       11c         13       Section 501(c)(29) qualified nonprofit heath insurance issuers.       11b       11c       12a       12a       13a       13a         13       Section 501(c)(29) qualified nonprofit heath insurance issuers.       13a       13a       13a       13a       13a<					- 23
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       11b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         128       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         13					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a       13a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a         15	-		711		
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a 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.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   13 Section 501(c)(29) qualified nonprofit health plans in more than one state?   14 Did the organization is suequalified health plans   15 Is the organization receives on hand   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	Ŭ		8		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter: <ul> <li>a initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> <li>cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>11a</li> <li>b Gross income from members or shareholders</li> <li>a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> <li>12a Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li> <li>c Enter the amount of reserves on hand</li> <li>13a</li> <li>Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>14a X</li> <li>b If "Yes," has it filed a Form 720 to report these payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>15 the organization subject to the section 4960 tax on payment(s) of more than \$1,000,00</li></ul>	9				
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Sectors 501 col(2)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         c       Enter the amount of reserves an hand       13c       14a			9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         c       Enter the amount of reserves on hand       13c       13c       13a         c       Enter the amount of reserves on hand       13c       14a       X         b<			9b		
a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11a         a Gross income from members or shareholders       11a       11b       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         3 section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachu	10				
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         c       Enter the amount of reserves on hand       13b       13c       14a       X         14a       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15       Is the organization subject to the section 4960	а				
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X	b				
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720	11	Section 501(c)(12) organizations. Enter:			
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	Gross income from members or shareholders 11a			
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: the organization is licensed to issue qualified health plans       13b       Image: the organization is licensed to issue qualified health plans       Image: the organization is licensed to issue qualified health plans       Image: the organization is licensed to issue qualified health plans       Image: the organization receives and payments for indoor tanning services during the tax year?       Image: the organization receive any payments for indoor tanning services during the tax year?       Image: the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: the organization and file Form 4720, Schedule N.       Image: the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: the organization an educational institution subject to the section 4968 excise tax on net investment income?	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X			12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans is constraint of the serves on hand is constraint of the serves on hand is constraint of the organization receive any payments for indoor tanning services during the tax year?       Image:					
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	а		13a		
organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>16 X</li> </ul>			4.4 -		y
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X					
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			14D		
If "Yes," see instructions and file Form 4720, Schedule N.         16         X	10		16		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			10		- 23
	16		16		х
	10		10		

Form **990** (2020)

Form 990 (2020)

Part V

# PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
U	of officers, directors, 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 make any significant changes to its governing documents since the phor form soo was med ?	5		x
6				
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X
<i>1</i> a		7a	х	
<b>b</b>	more members of the governing body?	7a	23	
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.	х	
•	persons other than the governing body?	7b	<u></u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	•	Х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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 employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igarleft FL$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	PAIGE RIVARD, CEO - 941-487-6724			
	8588 POTTER PARK DRIVE, SUITE 500, SARASOTA, FL 34238			

08 Page 6

Part VII	Со	mpensation	of Officers,	, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	d Independ	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	ndaid I	irecto	or/trus T	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	or di	ee			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	l ual tr	tional		nploy	st con yee	-			organizations
	line)	ndivic	In stitutional trustee	Officer	ley en	Highe: mplo	orme			organizationo
(1) PAIGE RIVARD	40.00	_		0	×	μe	)			
EXECUTIVE DIRECTOR				X				71,483.	0.	1,622.
(2) CRYSTAL BOSER	5.00									
DIRECTOR		Х						0.	0.	0.
(3) DAN DRISCOLL	10.00									
DIRECTOR		Х						0.	0.	0.
(4) JULIE DOHERTY	10.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PAM ZAMBROTTA	5.00									
TREASURER		Х		х				0.	0.	0.
(6) CHRISTINE GERACI	3.00									
DIRECTOR		Х						0.	0.	0.
(7) MITCHELL COHEN	3.00									
DIRECTOR		Х						0.	0.	0.
(8) PETE GIRARD	3.00									_
DIRECTOR		Х						0.	0.	0.
(9) ROB LUTZ	5.00									_
DIRECTOR		Х						0.	0.	0.
(10) TAMMIE PENTA	5.00									_
DIRECTOR		Х						0.	0.	0.
(11) JAMES KANE	15.00									
DIRECTOR		Х						0.	0.	0.
(12) JOAN GARDNER	3.00									•
DIRECTOR		X						0.	0.	0.
(13) MARGUERITE RUPNOW	5.00									•
DIRECTOR		X						0.	0.	0.
(14) TIM HEARN	3.00									•
DIRECTOR		X						0.	0.	0.
(15) MATT MCCLEERY	3.00									0
DIRECTOR	2 00	Х				<u> </u>		0.	0.	0.
(16) DENISE SERVAIS	3.00	v							_	•
DIRECTOR	2 00	Х						0.	0.	0.
(17) MITCHELL TORBERT	3.00	x		x				0.	0.	0.
CHAIR		Δ		<b>A</b>				I 0.	U .	U •

032007 12-23-20

		ILLI SYN	NDE	ROI	1E	A	SSC	C	IATION (USA)	41-13	069	800	Pa	ge <b>8</b>
Part V	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees			ighe	st (	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Esti amo	(F) mateo ount c ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	")	comp fro orga	ensat m the nization relate	e on ed
											_			
											_			
											+			
											+			
1h Si	ubtotal								71,483.		0.	1	,62	22.
c To	otal from continuation sheets to Part V	II, Section A							0.		0.		, 62	0.
<b>2</b> To	otal (add lines 1b and 1c) otal number of individuals (including but r ompensation from the organization		_						-		-		,,,,	0
												`	Yes	No
	d the organization list any <b>former</b> officer, e 1a? If "Yes," complete Schedule J for s			-	-	•			ghest compensated emp	-		3		Х
	or any individual listed on line 1a, is the sund related organizations greater than \$15									the organization		4		х
<b>5</b> Di	d any person listed on line 1a receive or a ndered to the organization? <i>If "Yes," corr</i>	accrue compei	nsat	ion f	rom	any	/ uni	elat	ted organization or indiv			5		х
	n B. Independent Contractors	•												
	omplete this table for your five highest co e organization. Report compensation for										ensa	tion fro	om	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	Cc	(C) mpens		ı
	otal number of independent contractors (	•	ot li	mite	d to		se li 0	steo	d above) who received r	nore than				

			2020) PRADER-WILLI SY	YNDROME	ASSOCIATI	ON (USA)	41-1306	908 Page <b>9</b>
Ра	rt V	111						
			Check if Schedule O contains a response or i	note to any line	e in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	11,840.				
Am 0,0		с	Fundraising events	45,100.				
ar Gift			Related organizations					
ini,		е	Government grants (contributions) 1e 12	26,000.				
er S		f	All other contributions, gifts, grants, and					
Ę				22,903.				
ont		-	Noncash contributions included in lines 1a-1f	1				
<u>ה</u> כ		h	Total. Add lines 1a-1f		L,205,843.			
			B	usiness Code				
Program Service Revenue	2							
Serv		b						
E S		с С						
Be		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	5	Investment income (including dividends, interest,					
			other similar amounts)		7,917.			7,917.
	4		Income from investment of tax-exempt bond proc					
	5		Royalties					
			(i) Real (	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of assets other than inventory <b>7a 33,035</b> .	(ii) Other				
		L.	assets other than inventory <b>7a 33</b> , <b>035</b> . Less: cost or other basis					
ē		D	and sales expenses 7b 0 •					
venue		~	Gain or (loss)					
Rev			Net gain or (loss)		33,035.			33,035.
Other			Gross income from fundraising events (not		,			
₫	<sup>-</sup>		including \$ 345,100. of					
			contributions reported on line 1c). See					
			Part IV, line 18	19,206.				
				49,461.				
			· · · · · · · · · · · · · · · · · · ·	►	-30,255.			-30,255.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
				🕨				
		a	Gross sales of inventory, less returns and allowances	7,908.				
		h	Less: cost of goods sold	5,000.				
			Net income or (loss) from sales of inventory		2,908.	2,908.		
		-		usiness Code	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,		
sno	11	а	l l l l l l l l l l l l l l l l l l l					
ane	.	b						
Miscellaneous Revenue		с						
Mis( R		d	All other revenue					
<u> </u>			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	1	L,219,448.	2,908.	0.	10,697.

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000		·			
	Check if Schedule O contains a respon	(1)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	149,447.	149,447.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,772.	2,772.		
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,				
	trustees, and key employees	73,105.	59,215.	4,386.	9,504.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	610,356.	495,411.	35,258.	79,687.
8	Pension plan accruals and contributions (include	40			4 = 0.0
	section 401(k) and 403(b) employer contributions)	13,654.	11,080.	792.	<u>1,782.</u> 5,873.
9	Other employee benefits	45,004.	36,523.	2,608.	5,873.
10	Payroll taxes	50,511.	40,990.	2,931.	6,590.
11	Fees for services (nonemployees):				
а	Management				
b	Legal		E 222		
	Accounting	6,570.	5,332.	381.	857.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0.0.0		0.0.0	
f	J	280.		280.	
g		0 500	C 000	402	1 1 0 0
	column (A) amount, list line 11g expenses on Sch 0.)	8,500.	6,898.	493.	<u>    1,109.</u> 1,474.
12	Advertising and promotion	11,298.	9,169.	655.	<u> </u>
13	Office expenses	79,417.	63,959.	3,626.	11,832.
14	Information technology				
15	Royalties	74 515	60 460	4 2 2 4	0 7 2 2
16	Occupancy	74,515.	60,469. 2,882.	4,324. 207.	9,722. 463.
17	Travel	3,552.	2,002.	207.	403.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7,986.	6,480.	463.	1 0/3
22	Depreciation, depletion, and amortization	10,655.	8,646.	618.	1,043. 1,391.
23	Insurance Other expenses, Itemize expenses not covered	T0,000.	0,040.	010.	1,391.
24	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FAMILY SUPPORT	16,088.	13,031.	2,091.	966.
b	AWARENESS AND EDUCATION	14,664.	11,900.	851.	1,913.
c	NEWSLETTER	9,768.	7,927.	567.	1,274.
d	LICENSES AND TAXES	7,437.	6,035.	432.	970.
	All other expenses	4,687.	3,803.	272.	612.
25	Total functional expenses. Add lines 1 through 24e	1,200,266.	1,001,969.	61,235.	137,062.
26	Joint costs. Complete this line only if the organization				
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00001	D 12-23-20				Form <b>990</b> (2020)

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Form 990 (2020)								
Part X	Balance	Sheet						

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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			665,934.	1	434,601.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			13,635.	3	1,985.
	4	Accounts receivable, net				4	620.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subs	antial	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ets	7	Notes and loans receivable, net		4.0.000	7	<u> </u>	
Assets	8	Inventories for sale or use			10,000.	8	5,000.
∢	9	Prepaid expenses and deferred charges			2,356.	9	19,014.
	10a	Land, buildings, and equipment: cost or other		4.04.050			
		basis. Complete Part VI of Schedule D		121,873. 88,885.	24 626		20.000
	b	Less: accumulated depreciation	34,636.	10c	32,988.		
	11	Investments - publicly traded securities		1,289,573.	11	1,416,128.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		104 040	14		
	15	Other assets. See Part IV, line 11			184,249.	15	9,750.
	16	Total assets. Add lines 1 through 15 (must equa			2,200,383. 533,717.	16	1,920,086. 49,546.
	17	Accounts payable and accrued expenses			555,717.	17	49,540.
	18	Grants payable		18	10,000.		
	19	Deferred revenue		19	10,000		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I		E CONTRACTOR E		21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		E E E E E E E E E E E E E E E E E E E		23	
	24	Unsecured notes and loans payable to unrelated		E		24	
	25	Other liabilities (including federal income tax, pa		F			
		parties, and other liabilities not included on lines					
		of Schedule D	-		45,825.	25	48,135.
	26				579,542.	26	107,681.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			587,587.	27	1,004,320.
B	28	Net assets with donor restrictions	1,033,254.	28	808,085.		
oun		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	ļ
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	1 (00 041	31	
Ň	32	Total net assets or fund balances			1,620,841.	32	1,812,405.
	33	Total liabilities and net assets/fund balances			2,200,383.	33	1,920,086.

Form **990** (2020)

Form	990 (2020) PRADER-WILLI SYNDROME ASSOCIATION (USA)	41-	1306908	Pa	ge <b>12</b>				
Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,20						
3	Revenue less expenses. Subtract line 2 from line 1	3			82.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	17:	<u>2,3</u>	82.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,81	2,4	05.				
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								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?			Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			77				
	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 on Schedule O and describe any steps taken to undergo such audits			000					

Form **990** (2020)

SCHEDULE A	
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Department of the Treasury

(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.

OMB No. 1545-0047
2020
Open to Public Inspection

Intern	Inspection Inspection									
Nan	ne of t	he organizati				<b>AT 3 BT</b>	<u></u>			identification number
Da	rt I	Peacon			<b>YNDROME</b> ASSO (All organizations must of			SA)		1-1306908
						-			ns.	
	organ		•		(For lines 1 through 12, c		,			
1	$\square$				on of churches described			I)(A)(I).		
2	$\square$				Attach Schedule E (Forn					
3	$\square$	•	•		anization described in <b>s</b> e					
4		A medical res	-	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,
5			-	or the bonefit of a co	ollege or university owned	d or opora	tod by a a	ovornmontal	unit doscrik	and in
5				Complete Part II.)	liege of university owned		led by a g	oveninentai		
6				. ,	mental unit described in	section 17	70(b)(1)(A)	(v).		
7					antial part of its support f				the general	public described in
-		-		omplete Part II.)	······ [- ··· - · ·· · [- [- · · · ·				J	· · · · · · · · · · · · · · · · · · ·
8					(1)(A)(vi). (Complete Par	t II.)				
9	$\square$				l in section 170(b)(1)(A)(		ed in coniu	unction with a	land-grant	college
-		-		-	culture (see instructions).		-		-	-
		university:		<u></u>				,,		,
10	X		on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	ship fees, a	nd aross receipts from
					ct to certain exceptions;					
					(less section 511 tax) fr					
				mplete Part III.)	(			······	J	,,
11				• •	ively to test for public sa	fetv. See	section 50	)9(a)(4).		
12		-	-		ively for the benefit of, to				arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а		7			supervised, or controlled					/ giving
					gularly appoint or elect a					
				complete Part IV, Se						
b		٦ <sup>-</sup>		-	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
				-	anization vested in the s			-		-
			•	t complete Part IV,		•				
с		٦ <sup>-</sup>			g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	, ,	
d		7			porting organization oper				orted organi	ization(s)
			-		zation generally must sat				-	
			-		nplete Part IV, Sections	-		-		
е		7			written determination fro				e II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente		of supported of							
g	Pro	ide the follow	ing informatior	n about the supporte	ed organization(s).					
	(	<ol> <li>Name of supp</li> </ol>		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
<b>.</b>										

# Schedule A (Form 990 or 990-EZ) 2020 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)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	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	,					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatior	۱			
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - <b>2020.</b> If the orc	ganization did not o	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check thi	s box and <b>stop h</b> e	e <b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - <b>2019.</b> If the orc	ganization did not o	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circu	mstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization qu	alifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,621,059.	1,044,695.	1,209,997.	1,108,038.	1,205,843.	6,189,632.
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	336,673.	177,934.	23,512.	22,484.	7,908.	568,511.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	31,692.	137,165.	19,511.	54,873.	19,206.	262,447.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge $\dots$						
6	Total. Add lines 1 through 5	1,989,424.	1,359,794.	1,253,020.	1,185,395.	1,232,957.	7,020,590.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			149,709.		121,867.	1,173,209.
c	Add lines 7a and 7b	597,673.	242,457.	149,709.	61,503.	121,867.	1,173,209.
8	Public support. (Subtract line 7c from line 6.)						5,847,381.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,989,424.	1,359,794.	1,253,020.	1,185,395.	1,232,957.	7,020,590.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	79,680.	76,220.	26,493.	61,957.	7,917.	252,267.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	79,680.	76,220.	26,493.	61,957.	7,917.	252,267.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,069,104.	1,436,014.	1,279,513.	1,247,352.	1,240,874.	7,272,857.
		ne organization's fi		fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	<b>14</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Section C. Computation of Public Support Percentage							
-	Public support percentage for 2020 (I		<b>`</b>	column (f))		15	80.40 %
16	Public support percentage from 2019					16	78.85 %
	ction D. Computation of Invest						
17	Investment income percentage for 20		•	ne 13. column (f))		17	3.47 %
18	Investment income percentage from 2					18	3.80 %
	<b>33 1/3% support tests - 2020.</b> If the						, -
	more than 33 1/3%, check this box a						► V
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che			-		-	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 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 box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

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

		Var	Ne
1		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	50		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	-		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		

# Schedule A (Form 990 or 990 EZ) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 5

1 0		Supporting Organizations (continued)			_
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
с	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2	Did the organization operate for the benefit of any supported organization other than the supported				

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

2a

2b

За

3b

Yes No

2

Sche	edule A (Form 990 or 990-EZ) 2020 PRADER-WILLI SYNDROME AS			1-1306908 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which t	he organization is responsive	9					
	(provide details in <b>Part VI</b> ). See instructions.	C I		8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
-	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
-	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
Ŭ	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3							
'	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016			_				
	Excess from 2017							
-	Excess from 2017 Excess from 2018							
	Excess from 2018 Excess from 2019							
	Excess from 2020							
-								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 99	0-EZ) 2020	PRADER-	-WILLI	SYNDROME	ASSOCIATIO	N (USA)	41-1306908	Page 8
Part VI	Supplement Part IV, Section line 1; Part IV, S	tal Inform A, lines 1, Section D, li 5, 6, and 8	<b>nation.</b> Prov 2, 3b, 3c, 4b, ines 2 and 3; F	vide the exp 4c, 5a, 6, 9a Part IV, Sect	lanations required a, 9b, 9c, 11a, 11b ion E, lines 1c, 2a,	by Part II, line 10; Par , and 11c: Part IV. Se	t II, line 17a or ction B, lines 1 /, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	n C.
						*			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-130690	PRADER-WILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a)

No.

No.

5

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 4 10,000. \$ (a)

(d) Type of contribution Х Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Pavroll 6,305. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

41-1306908

(d)

(d)

(d)

X

Х

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

41-1306908

# PRADER-WILLI SYNDROME ASSOCIATION (USA)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$21,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>20,326.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

\$	18,500.	Noncash
		(Complete Part II for noncash contributions.)

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Name of organization

Employer identification number

41-1306908

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$15,538.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$7,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$18,500.	Person X Payroll Noncash (Complete Part II for

Page 2

Name, address, and ZIP + 4
(b)
Name, address, and ZIP + 4

Name of or	ganization	, ,	<u> </u>	
PRADEF	R-WILLI	SYNDROME	ASSOCIATION	(USA)
Part I	Contribut	tors (see instruct	ions). Use duplicate cop	ies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    19</u>		\$ <u>8,651.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$8,483.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$20,000.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$126,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24		\$51,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

41-1306908

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Employer identification number

41-1306908

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
25		\$_	10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
26		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
27		\$_	5,665.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
28		\$_	5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
29		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
30		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)

No.

(b)

Name, address, and ZIP + 4

Name of o	rganization		Emp
PRADE	R-WILLI SYNDROME ASSOCIATION (USA)		4
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons
31			
		\$5,0	00.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	ons
32			
		\$5,0	000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons
33			
		\$5,0	00.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	ons
34			
		\$5,0	00.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributic	ons
		\$	

Employer identification number

41-1306908

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

**Total contributions** 

\$

noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for

Person Payroll Noncash

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d) Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

X

X

Page 2

Name of organization

Employer identification number

41-1306908

Page 3

# PRADER-WILLI SYNDROME ASSOCIATION (USA)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

rait II	Noncash Froperty (see instructions). Use duplicate copies of Part II in a		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>4</b>				
Name of o	rganization		Employer identification number				
PRADE	R-WILLI SYNDROME ASSOC	CIATION (USA)	41-1306908				
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete columns completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	s (a) through (e) and the following line entry. For us, charitable, etc., contributions of <b>\$1,000 or less</b> f	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations or the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
-		(e) Transfer of gift	-				
-	Transferee's name, address		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address	Relationship of transferor to transferee					

Department of the Treasury Internal Revenue Service

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



Name of the organization

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Employer identification number 41-1306908

Pa			or Acco	unts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts	
1	Total number at end of year		. ,		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds		
-	are the organization's property, subject to the organization's	-		Yes No	
6	Did the organization inform all grantees, donors, and donor ad				
•	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		•	Yes No	
Pa					
1	Purpose(s) of conservation easements held by the organization			-	
•	Preservation of land for public use (for example, recreat		historically	important land area	
	Protection of natural habitat	Preservation of a	-		
	Preservation of open space		Certified II		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	faconsen	vation easement on the last	
-	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired a				
u	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele			n during the tax	
Ŭ	year	cased, extinguished, or terminated by the	Jiganizatio		
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the peri				
Ŭ	violations, and enforcement of the conservation easements it			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, i				
Ŭ		handling of violations, and emotoling conse		somerice during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easeme	nts during the year	
•		ing of violations, and emotoring concervation			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h	)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footn	•			
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ner Simi	lar Assets.	
	Complete if the organization answered "Yes" on Form				
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement an	d balance	sheet works	
	of art, historical treasures, or other similar assets held for pub				
	service, provide in Part XIII the text of the footnote to its finan				
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>				
-	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
			•		
2	If the organization received or held works of art, historical trea				
-	the following amounts required to be reported under FASB AS		J, p. 5 m		
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$	
	Assets included in Form 990, Part X			·	
	For Paperwork Reduction Act Notice, see the Instructions		····· F	Schedule D (Form 990) 2020	

Sche	dule D (Form 990) 2020 PRADER – I	WILLI SYND	ROME	E ASSOC	IATION	(US.	A)	41-13	0690	8 Pa	age <b>2</b>
Pai	rt III Organizations Maintaining C	ollections of Ar	t, His	storical Tr	easures, c	or Oth	er Simil	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, cheo	ck any of the	following tha	t make	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	ım					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how t	hey further th	ne organizatio	on's exe	empt purp	ose in Par	t XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											-
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrange		ete if th	e organizatio	n answered "	Yes" or	n Form 99	0, Part IV,	line 9, oi		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T	Ending balance						<b>1</b> f		Yes		
	Did the organization include an amount on Fo						• • • • • • •	······ L			J No ∣
Pa	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if										
		(a) Current year		Prior year	(c) Two year			vears hack	(e) Fou	vears	hack
1a											
h											
c c								, .		/	
b b	c Net investment earnings, gains, and losses										
e	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
a	End of year balance	201,053.		199,183.	193	3,728.	1	L71,099.		159,	934.
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line <sup>·</sup>			,		,		,	
a	Board designated or quasi-endowment	24.6000	%	. 3, (-	,,,						
b	Permanent endowment > 75.4000	%	7								
с		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administe	red for t	the organi	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	, Part X	, line 10.				
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d)basis (investment)basis (other)depreciation							( <b>d)</b> Boo	k value	e		
1a	Land										
b	Buildings										
с	Leasehold improvements			<u> </u>							<u> </u>
d	Equipment				4,277.		53,9		-		29.
	Other				7,596.		34,9	37.		2,6	
Tota	I. Add lines 1a through 1e. (Column (d) must ea	qual Form 990, Part	X, colu	mn (B), line 1	0c.)		<u></u>		3	2,9	88.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PRADER-WI Part VII Investments - Other Securities.	LLI SYNDROME A	SSOCIATION (USA)	41-1306908 Page <b>3</b>
Complete if the organization answered "Y	es" on Form 990 Part IV lin	ne 11b. See Form 990. Part X. line 1	12
(a) Description of security or category (including name of security			st or end-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y	es" on Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Y		ne 11d. See Form 990, Part X, line 1	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B	) line 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Y	es" on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTIES			48,135.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B	) line 25.)		• 48,135.

_	edule D (Form 990) 2020 PRADER-WILLI SYNDROME ASS		· /		1306908 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,710,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	172,382.		
b	Donated services and use of facilities	2b	264,061.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	54,461.		
е	Add lines 2a through 2d			2e	490,904.
3	Subtract line 2e from line 1			3	1,219,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	280.		
b	Other (Describe in Part XIII.)	4b			
С				4c	280.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,219,448.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With		Retu	ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	Expenses per		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	2a.	Expenses per	Retu 1	ırn. 1,518,508.
	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With	Expenses per		
1	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a	Expenses per		
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2a	Expenses per		
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a. 	Expenses per 264,061.		
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.           2a           2b           2c           2d	Expenses per 264,061. 54,461.		1,518,508.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.           2a           2b           2c           2d	Expenses per 264,061. 54,461.	1 2e	<u>1,518,508.</u> 318,522.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a	Expenses per 264,061. 54,461.	1	1,518,508.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a	Expenses per 264,061. 54,461.	1 2e	<u>1,518,508.</u> 318,522.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.         2a           2b         2b           2c         2d           2d         4a	Expenses per 264,061. 54,461.	1 2e	<u>1,518,508.</u> 318,522.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.         2a           2b         2b           2c         2d           2d         4a	Expenses per 264,061. 54,461.	1 2e	1,518,508. 318,522. 1,199,986.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per 264,061. 54,461. 280.	1 2e 3 4c	1,518,508. 318,522. 1,199,986. 280.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per 264,061. 54,461. 280.	1 2e 3	1,518,508. 318,522. 1,199,986.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED
THAT THE ASSOCIATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE
A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
DECEMBER 31, 2020. THE ASSOCIATION'S FEDERAL INCOME TAX RETURNS ARE
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE - \$49,461

# PROMOTIONAL MATERIAL - \$5,000

Schedule D (Form 990	) 2020	PRADER-V	VILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908	Page <b>5</b>
Part XIII Supple	mental Infor	mation (contine	ued)					
PART XII, L	TNE 2D -		ייים.	ΜΈΝΤΡΟ.				
				MEN 15:				
FUNDRAISING	EXPENSE	- \$49,46	51					
PROMOTIONAL	MATERIA	L - \$5,00	00					

SCHEDULE G	Suppleme	ntal Info	rmation Rega	rding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							, or if the	2020		
Department of the Treasury Internal Revenue Service			Attach to For							Open to Public Inspection
Name of the organization		to www.ir	s.gov/Form990 to	r instri	uction	is and	the latest informat	ion.	Employer id	entification number
Name of the organization		WILLI	SYNDROME	ASS	OCI	ATI	ON (USA)		41-130	
Part I Fundrais	ing Activities.	Complete	if the organization	answe	red "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
	complete this par									
1 Indicate whether the	•	ed funds t			•		,	•		
a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants										
c Phone solicit				Special						
d 🗌 In-person so	licitations		C C			0				
2 a Did the organization		•			•	•			·	
• • •		-	•				undraising services?		Ye 🗌	
<b>b</b> If "Yes," list the 10 compensated at le			-	) pursu	iant to	agree	ements under which	the f	undraiser is to	be
			511.							1
(i) Name and addres	s of individual				(iii) fundr	Did raiser	(iv) Gross receipts		Amount paid or retained by	(vi) Amount paid
or entity (fund	Iraiser)	(ii) Activity		have custody or control of contributions?		· · · · · · ·		fundraiser ted in col. (i)	to (or retained by) organization	
					Yes	No				
					100	110				
Total										
Total           3         List all states in whi			ered or licensed to		contrib		l s or has been notifie	l ditis	exempt from	registration
or licensing.										

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

<b>—</b>					<b>6</b>	
					(c) Other events	(d) Total events
						(add col. (a) through
β			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	277,081.	84,214.	3,011.	364,306
	2	Less: Contributions	260,886.	84,214.		345,100
	3	Gross income (line 1 minus line 2)	16,195.		3,011.	19,206
	4	Cash prizes				
ر م	5	Noncash prizes				
Deliad	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
	8				10.101	10.151
	9		-	1,919.	12,134.	49,461
	10					49,461
_						-30,255
'a	πι		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Т		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total coming (add
ובגבוומב			(a) Bingo		(c) Other gaming	
+	<u> </u>					
ß	2	Cash prizes				
z zhei is	3	Noncash prizes				
הוופרו באהפוואפא	4	Rent/facility costs				
	5	Other direct expenses				
╉	5		Ves %	Ves %	Ves %	
	6	Volunteer labor	No 70			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summany. Subtract line 7	7 from line 1, column (d)		•	
	5	not gaming moorne sammary. Subtract line i				1
			ucts gaming activities:			
 >	Ent	ter the state(s) in which the organization cond				Yes N
а	ls t	he organization licensed to conduct gaming a	activities in each of these			
а	ls t	he organization licensed to conduct gaming a	activities in each of these		·····	
a b	HOT STORE       GIVING       (add col. (a) the col. (c))         I Gross receipts       277,081.       84,214.       3,011.       364,3         2 Less: Contributions       260,886.       84,214.       345,1         3 Gross income (ine 1 minus line 2)       16,195.       3,011.       19,2         4 Cash prizes					
a b	Is t If "	the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	

Sch	edule G (Form 990 or 990-EZ) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1	.306908	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
Ł	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
	s If "Yes," enter name and address of the third party:		
	Name 🕨		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	ut III lines 0 (	b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	.nt iii, iines 9, 5	50, 100,

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	PRADER-WILLI	SYNDROME	ASSOCIATION	(USA)	41-1306908	Page 4
Part IV	Supplemental Infor	mation (continued)					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	irants and Oth vernments, an ete if the organization Go to www.ir	d Individual	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization				,			Employer identification number
PRADER-WI Part I General Information on Grants a		OME ASSOCIA	TION (USA	)			41-1306908
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- Part II Grants and Other Assistance to	to substantiate the stance? ocedures for monit	oring the use of grant	funds in the Unite	d States.		· · · · · · · · · · · · · · · · · · ·	X Yes No
recipient that received more than							,
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886			25,000.	0.			TAMURA-DMCC
FOUNDATION FOR PRADER-WILLI RESEARCH DEPT. LA32316 - DEPT. LA 23216 - PASADENA, CA 91185	31-1763110		20,000.	0.			PWS CONSORTIUM - OXYTOCIN STUDY
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 33 TIGERT HALL, PO BOX 113001 - GAINSVILLE, FL 32611	59-6002052		44,460.	0.			OXYTOCIN CLINICAL TRIAL
PRADER-WILLI SYNDROME ASSOCIATION OF NEBRASKA - 14807 STARLIGHT CIRCLE - BENNINGTON, NE 68007			10,000.	0.			RESEARCH GRANT
THE CHICAGO SCHOOL OF PROF. PSYCHOLOGY LA - 707 WILSHIRE BLVD. - LOS ANGELES, CA 90017	36-3005527		49,812.	0.			RESEARCH GRANT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		1 tabla	le line 1 table				│ 

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

Schedule I (Form 990) 2020

## Schedule I (Form 990) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA)

41-1306908

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CRISIS INTERVENTION - VARIOUS	0	2,772.	0.		
		5			

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

PART I, LINE 2:

THE ORGANIZATION DOES NOT HAVE A FORMAL MONITORING PROCESS FOR THE GRANTS,

BUT IT WORKS CLOSELY WITH THE GRANTEES ON AN INFORMAL BASIS TO ENSURE THE

GRANTS ARE UTILIZED FOR THE INTENDED PURPOSE.

SCHEDULE L								erested						MB No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	the o	-					orm 990, Pa art V, line 38		, line 25a, 25b, 2 40b.	26, 27	, 28a,		2	02	20
Department of the Treasury	<b>.</b>			Atta	ich to	Form	990 or	Form 990-E	Z.					pen T		olic
Internal Revenue Service Name of the organization		io to v	vww.irs	.gov/Fo	orm99	0 for i	nstruc	tions and the	e late	est information.		alova	r ident	spect		umber
Name of the organization		-WI	LLI	SYNI	ROM	IE A	sso	CIATION	1 (	USA)			3069		on ne	IIIDEI
Part I Excess B										n 501(c)(29) orga						
Complete if	the organizatior							ine 25a or 25	ib, or	<sup>-</sup> Form 990-EZ, P	art V,	line 4	0b.			
1 (a) Name of disqualifi	ied person	<b>(b)</b> R	elations persor	hip bet and o			lified	(	<b>c)</b> De	escription of tran	sactio	n			Corre es	No
														_		
														-		
														_		
2 Enter the amount of	tax incurred by	the or	rganizati	ion mar	nagers	or dis	qualifie	d persons du	uring	the year under						
<b>3</b> Enter the amount of	tax, if any, on li	ne 2, a	above, re	eimburs	sed by	the or	ganiza	tion				▶ \$				
Part II Loans to	and/or From	n Inte	ereste	d Per	sons	<b>.</b>										
•	•						Z, Part V	V, line 38a or	Forn	n 990, Part IV, lir	ne 26;	or if tl	he orga	anizati	on	
reported an (a) Name of	amount on Forr (b) Relatio		, Part X, (c) Pu			2. Dan to or	(e	) Original	1	) Balance due	(a)	) In		proved	(i) V	/ritten
interested person	with organi		of lo			n the ization?		ipal amount	"	J Dalarice due		ault?	bý bo comr			ement?
					То	From					Yes	No	Yes	No	Yes	No
									+							+
																─
									<u> </u>							<u> </u>
									_							<u> </u>
Total		I						> \$				I		L		
	Assistance		-	-												
Complete if t	the organization							ine 27. c) Amount of		(d) Type	of		(0	) Purp		f
(a) Name of interes	ted person		b) Relati interest the o		son an			assistance		assistan				assist		1
DR. DAN DRISC	COLL	MEI	MBER	OF	THE	E BO		20,00	00.	CASH		F	RESE	ARC	H G	RAN
												_				
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		-										+				

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

Schedule L (Form 990 or 990-EZ) 2020

# Schedule L (Form 990 or 990-EZ) 2020 PRADER-WILLI SYNDROME ASSOCIATION (USA) 41-1306908 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	103 Off Off 000, 1 art 10, into 20a, 2	00, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No

## Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

# SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

- (A) NAME OF PERSON: DR. DAN DRISCOLL
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

# MEMBER OF THE BOARD OF DIRECTORS

- (C) AMOUNT OF GRANT \$ 20,000.
- (D) TYPE OF ASSISTANCE: CASH

# (E) PURPOSE OF ASSISTANCE: RESEARCH GRANT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 41-1306908

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

RESEARCH DIRECTED AT IMPROVING CURRENT TREATMENT METHODS AND TO DEVELOP

PRADER-WILLI SYNDROME ASSOCIATION (USA)

A CURE.

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

MICHELLE TORBERT, THE BOARD CHAIR, HAS A FAMILY RELATIONSHIP WITH JULIE

DOHERTY, THE BOARD SECRETARY.

PAM ZAMBROTTA, THE BOARD TREASURER, HAS A FAMILY RELATIONSHIP WITH

CHRISTINE GERACI, A BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF BOARD MEMBERS AND THEIR RIGHTS - THE ORGANIZATION HAS MEMBERS

THAT MAY BE MEMBERS OF 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.

Name of the organization

PRADER-WILLI SYNDROME ASSOCIATION (USA)

Employer identification number 41 - 1306908

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

DOCUMENTATION AND RECORDKEEPING.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - THE ASSOCIATION WHEN REQUESTED

WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE REQUESTING PUBLIC.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

## FORM 990 PAGE 10

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JAM J.	90 PAGE 10	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	TO MATCH AUDIT		NC	.000	нү							-242.		0.	-242.
	* 990 PAGE 10 TOTAL OTHER						0.				0.	-242.		0.	-242.
	FURNITURE & FIXTURES														
22	OFFICE FURNITURE	09/06/07	SL	5.00		16	1,688.				1,688.	1,688.		0.	1,688.
23	OFFICE FURNITURE	09/21/07	SL	5.00		16	15,892.				15,892.	15,892.		0.	15,892.
24	FILE CABINET	01/16/10	SL	5.00		16	599.				599.	599.		0.	599.
26	CABINETS AND SHELVES	09/13/07	SL	7.00		16	3,875.				3,875.	3,875.		0.	3,875.
28	CARPET	09/21/07	SL	7.00		16	3,392.				3,392.	3,392.		0.	3,392.
29	OUTLETS & PHONE JACKS	09/26/07	SL	7.00		16	740.				740.	740.		٥.	740.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						26,186.				26,186.	26,186.		٥.	26,186.
	MACHINERY & EQUIPMENT														
1	2 GATEWAY COMPUTERS	09/02/98	SL	5.00		16	2,556.				2,556.	2,556.		٥.	2,556.
2	DELL COMPUTER	06/05/06	SL	5.00		16	1,054.				1,054.	1,054.		٥.	1,054.
3	DELL COMPUTER	06/05/06	SL	5.00		16	637.				637.	637.		٥.	637.
4	PROJECTOR	10/23/06	SL	5.00		16	600.				600.	600.		٥.	600.
5	DELL COMPUTERS	03/10/07	SL	5.00		16	2,306.				2,306.	2,306.		٥.	2,306.
6	DELL COMPUTERS	05/06/07	SL	5.00		16	2,298.				2,298.	2,298.		٥.	2,298.
7	DELL COMPUTER	07/03/07	SL	5.00		16	1,229.				1,229.	1,229.		0.	1,229.

028111 04-01-20

(D) - Asset disposed

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

## FORM 990 PAGE 10

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orar 5.	90 PAGE 10					_	_	990		_				_	
Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	DELL COMPUTER	10/05/07	SL	5.00		16	2,559.				2,559.	2,559.		0.	2,559
9	DELL LAPTOP CRISIS	09/05/08	SL	5.00		16	950.				950.	950.		٥.	950
10	DELL VOSTRO NOTEBOOK	03/24/09	SL	5.00		16	1,000.				1,000.	1,000.		٥.	1,000
11	COMPUTER-LIN OFFICE	08/18/10	SL	5.00		16	935.				935.	935.		0.	935
12	DELL SERVER	11/01/10	SL	5.00		16	1,855.				1,855.	1,855.		0.	1,855
13	CAMCORDER	06/28/11	SL	5.00		16	637.				637.	637.		0.	637
14	SWITCHBOARD ATTACHMENT	10/05/11	SL	5.00		16	338.				338.	338.		0.	338
15	SERVER	11/16/11	SL	5.00		16	9,919.				9,919.	9,919.		0.	9,919
16	DA LAPTOP-REPLACED	12/16/12	SL	5.00		16	474.				474.	474.		0.	474
17	3 LAPTOP COMPUTERS	04/16/13	SL	5.00		16	2,274.				2,274.	2,274.		0.	2,274
18	COMPUTER-BEST BUY	01/16/14	SL	5.00		16	645.				645.	645.		0.	645
19	4 LAPTOP 1 PC COMPUTER	02/16/14	SL	5.00		16	3,339.				3,339.	3,339.		0.	3,339
20	LAPTOP FOR PAM	02/28/14	SL	5.00		16	300.				300.	300.		0.	300
21	DELL SONICWALL	07/22/15	SL	5.00		16	972.				972.	873.		99.	972
25	PHONE SYSTEM	05/02/05	SL	5.00		16	12,112.				12,112.	12,112.		٥.	12,112
27	PHONE & INTERNET WIRE	09/17/07	SL	7.00		16	3,699.				3,699.	3,699.		0.	3,699
30	COMPUTER	06/30/17	SL	5.00		16	1,589.				1,589.	942.		318.	1,260
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						54,277.				54,277.	53,531.		417.	53,948

028111 04-01-20

(D) - Asset disposed

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

## FORM 990 PAGE 10

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onur 9.	90 PAGE IU	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
31	DELL COMPUTER	05/21/18	SL	5.00		16	1,558.				1,558.	494.		312.	806.
32	2 LAPTOP COMPUTERS	10/22/18	SL	5.00		16	1,830.				1,830.	427.		366.	793.
33	DELL COMPUTER	08/14/19	SL	5.00		16	879.				879.	73.		176.	249.
34	5 DELL MONITORS	08/14/19	SL	5.00		16	1,132.				1,132.	94.		226.	320.
35	VOSTRO MT 3670	08/14/19	SL	5.00		16	1,258.				1,258.	105.		252.	357.
36	2 SQUARE STANDS FOR IPAD	08/16/19	SL	5.00		16	1,352.				1,352.	90.		270.	360.
37	2 IPADS	08/16/19	SL	5.00		16	826.				826.	55.		165.	220.
38	5 COLOR PROJECTORS	10/02/19	SL	5.00		16	2,402.				2,402.	120.		480.	600.
39	2 DELL COMPUTERS - 3500	12/06/19	SL	5.00		16	1,607.				1,607.	27.		321.	348.
40	MOBILE BASE 7730	12/06/19	SL	5.00		16	1,879.				1,879.	31.		376.	407.
41	MOBILE BASE 7730	12/18/19	SL	5.00		16	1,880.				1,880.			376.	376.
42	WEBSITE REDESIGN	12/20/19	SL	5.00		16	18,469.				18,469.			3,694.	3,694.
43	DELL LATITUDE 5510	07/21/20	SL	5.00		16	1,500.				1,500.			125.	125.
44	DELL LAPTOP	07/31/20	SL	5.00		16	1,518.				1,518.			127.	127.
45	DELL LATITUDE 5510	08/11/20	SL	5.00		16	2,325.				2,325.			194.	194.
46	DELL LATITUDE 3510 LAPTOP	12/04/20	SL	5.00		16	995.				995.			17.	17.
	* 990 PAGE 10 TOTAL OTHER						41,410.				41,410.	1,516.		7,477.	8,993.

028111 04-01-20

(D) - Asset disposed

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

## FORM 990 PAGE 10

0101 9	JO FAGE 10	-			_	_		990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						121,873.				121,873.	80,991.		7,894.	88,885
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						115,535.			0.	115,535.	81,233.			88,664
	ACQUISITIONS						6,338.			0.	6,338.	-242.			221
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0
	ENDING BALANCE						121,873.			0.	121,873.	80,991.			88,885
	ENDING ACCUM DEPR											88,885.			
	ENDING BOOK VALUE											32,988.			