Form	990
Form	990

Department of the Treasury Internal Revenue Service

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.



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	FOUNDATION FOR PRADER-WILLI		D Employer identific	ation number
]chan Name	RESEARCH, INC.		21 17621	10
]chang ∣Initial	Doing business as	D ();	31-176313	
	_returr]Final		Room/suite 3620	E Telephone number 888-322-5	
	lreturr termi		3020		3,904,492.
	ated Amer returr	¹⁻ City or town, state or province, country, and ZIP or foreign postal code ^{ded} WALNUT, CA 91789-2706		G Gross receipts \$ H(a) Is this a group re	
	Appli tion			for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527		list. See instructions
		te: WWW.FPWR.ORG		H(c) Group exemptior	
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2001 N	State of legal domicile: NY
Pa	nrt I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORTS R	ESEARCH TO A	DVANCE THE
ů.		UNDERSTANDING AND TREATMENT OF PRADER-WIL	LI SYN	IDROME	
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3				14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11
, ţţ	6	Total number of volunteers (estimate if necessary)			50
Activities &					0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,495,770.	3,612,120.
ent	9	Program service revenue (Part VIII, line 2g)		149,555.	235,036.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,556.	16,585.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-16,517.	-24,782.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,655,364.	3,838,959.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,572,725.	1,757,456.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.00.070
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,011,633.	939,676.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	A C	0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)		460 205	450 470
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		469,295.	452,478.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,053,653.	3,149,610.
	19	Revenue less expenses. Subtract line 18 from line 12		601,711.	689,349.
ts or nces			Be	ginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		6,285,928.	6,744,610.
et A.	21	Total liabilities (Part X, line 26)		1,907,112.	1,473,233.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		4,378,816.	5,271,377.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here		IVE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	EVA MRUK	EVA MRUK	10/21	/22 self-employed P00543254					
Preparer	Firm's name 🕨 PKF O'CONNOR DAV	IES, LLP		Firm's EIN 🕨 27-1728945					
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR							
	NEW YORK, NY 10167 Phone no.914-381-8900								
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)					

	FOUNDATION FOR PRADER-WILLI
	990 (2021) RESEARCH, INC. 31-1763110 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ELIMINATE THE CHALLENGES OF PRADER WILLI SYNDROME THROUGH THE
	ADVANCEMENT OF RESEARCH AND THERAPEUTIC DEVELOPMENT.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,570,158. including grants of \$ 1,757,456.) (Revenue \$ 250,036.)
	THROUGH THE IMPLEMENTATION OF TRANSLATIONAL RESEARCH PROGRAMS, THE
	MANAGEMENT OF A WORLD-CLASS GRANTS PROGRAM, AND THE DEVELOPMENT OF
	PRADER WILLI SYNDROME (PWS) RESEARCH TOOLS, THE FOUNDATION FOR
	PRADER-WILL RESEARCH (FPWR) ADVANCES RESEARCH IN ORDER TO DEVELOP NEW
	TREATMENTS FOR PWS AND IMPROVE THE HEALTH AND WELL-BEING OF THOSE WITH
	PWS.
	UNDER THE GUIDANCE OF OUR SCIENTIFIC ADVISORY BOARD THROUGH A CAREFULLY
	MANAGED GRANTS PROCESS, FPWR SELECTS RESEARCH PROJECTS BASED ON THE
	COLLABORATIVE INPUT OF RESEARCHERS AND PARENTS, CHOOSING PROJECTS THAT
	ARE BOTH SCIENTIFICALLY MERITORIOUS AND HIGHLY RELEVANT FOR INDIVIDUALS
	WITH PWS AND THEIR FAMILIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,570,158.
	Form 990 (2021)
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FOUNDATION	FOR	PRADER-WILLI
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Form	990 (2021) RESEARCH, INC. 31-1763	3110	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	
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Pa	t IV Checklist of Required Schedules (continued)				
			Yes	No	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	Х		
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		<u> </u>	_
	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	0.5		x	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			_
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	0.51		v	
00	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%			x	
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26			_
27	• • • • • • • • • • • • • • • • • • • •				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23	
20	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
u	"Yes," complete Schedule L, Part IV	28a		x	
b	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 line 28a or 28b? If	200			-
-	"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		X	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1	
	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 on Schedule O for Part VI, lines 11b and 19?			1	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Pa					7
	Check if Schedule O contains a response or note to any line in this Part V]
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	<u>1c</u>	990	(0000)	
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	990 (2021) RESEARCH, INC.	31-1	763110	Р	age
a	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	Enter the surpley of even lawses were stadied. Fours M/O. Turners witted of Managers and Tay, Otatemanta	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction				
3a					x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pa		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	1 1	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or				X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo				
y h	If the organization received a contribution of qualified intellectual property, did the organization mere				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b					
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
		10b			
1	Section 501(c)(12) organizations. Enter:				
а	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.)	11b			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			37
4a					X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		<u>14b</u>		-
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel		4-		.
	excess parachute payment(s) during the year?		15		X
6	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	40		x
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment		16		
7	If "Yes," complete Form 4720, Schedule O.	2014			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	ану	17		
	If "Yes," complete Form 6069.				

RESEARCH, INC.

Form 990 (2021)

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<u>31-1763110</u> Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	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 14		100	
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
0	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 become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
				- 13
7a		7-		x
	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	v	
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u>.</u> ,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
ŀ	Did the organization have a written document retention and destruction policy?	14	Х	
5	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	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
à	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		x
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		
ec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE O			
	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)	availat	ماد
	for public inspection. Indicate how you made these available. Check all that apply.	(, iiy)	a rundi	
	Own website Image: The set available. Check all that apply. Own website Image: The set available. Check all that apply.			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
		man	lai	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records JONES & ASSOCIATES – (323)782–9391			
_	6300 WILSHIRE BLVD, STE 860, LOS ANGELES, CA 90048	-	990	10.5

FOUNDATION	FOR	PRADER-WILLI
RESEARCH,	INC.	

Form 990 (2		
Part VII	Compensation of Officers, Directo	s, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Cont	ractors

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		ו than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week	weeк						from the	from related	other
	(list any hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JOHN WALTER	40.00									
CEO THRU 12/17/21				Х				242,434.	0.	43,966.
(2) THERESA STRONG	40.00									
DIRECTOR OF RESEARCH PROGRAMS						X		146,847.	0.	92.
(3) SUSAN HEDSTROM	35.00									
EXECUTIVE DIRECTOR				Х				64,433.	0.	407.
(4) JEANNINE KOWAL	0.50									
PRESIDENT		Х		х				0.	0.	0.
(5) DREW HARMAN	0.50									
VICE PRESIDENT EFF. 3/21		х		X				0.	0.	0.
(6) BRENT SNYDER	0.50									
DIRECTOR, VICE PRES THRU 3/21		х		X		-		0.	0.	0.
(7) AMBER ROBERSON	0.50								•	
SECRETARY	1 0 0	Х		X		<u> </u>		0.	0.	0.
(8) PAUL WISSMAN	1.00	.,							0	
TREASURER EFF. 3/21		Х		Х		-		0.	0.	0.
(9) DANIEL CHORNEY	0.50	.,		37					0	
DIRECTOR, TREAS. THRU 3/21		Х		X		-		0.	0.	0.
(10) IAN ALBERG	0.50	.,							0	
DIRECTOR		Х						0.	0.	0.
(11) SCOTT ARANT	0.50	x						0.	0.	
DIRECTOR (12) BRIAN DULA, M.D.	0.50	^						0.	0.	0.
DIRECTOR THRU 3/21	0.50	x						0.	0.	0.
(13) JACK JONES	0.50					-		0.	0.	0.
DIRECTOR	0.30	х						0.	0.	0.
(14) GUY NIEDORKOM	0.50	23								
DIRECTOR	0.50	x						0.	0.	0.
(15) DAVID PFIEFFER	0.50					\vdash				~~
DIRECTOR		х						0.	0.	0.
(16) ALICIA SECOR	0.50	1								
DIRECTOR		х						0.	0.	0.
(17) KAREN SHAHINIAN	0.50	1								
DIRECTOR		х						0.	0.	0.
132007 12-09-21	1			ı		-	·			Form 990 (2021)

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FOUNDATIC		RA	DE	R-	WI	LL	Ι		21 15	162	110		
Form 990 (2021) RESEARCH , Part VII Section A. Officers, Directors, Trust			200	and	1 Hi	abos	+ 0	ompensated Employee	<u>31-17</u>	103.		Р	age 8
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	C) itior ^{more} rson i		one n an	(D) Reportable compensation from	(E) (E) Reportable compensatio from related			(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations	organizations (W-2/1099-MISC/		compensati from the organizatio and related organization	
(18) JASON WALDROP DIRECTOR	0.50	x						0.		0.			0.
		-											
		-											
1b Subtotal		L	<u> </u>	<u> </u>	L	L		453,714.		0.	4	4,4	65.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0. 453,714.		0.	4	4,4	$\frac{0}{65}$
2 Total number of individuals (including but no							o re	,	000 of reportable	-		_,_	
compensation from the organization												Yes	2 No
3 Did the organization list any former officer,			-		-		-		-		3		x
 line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the suit and related organizations grades than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4	x	
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> 	ccrue comper	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors		2010	<u>or st</u>		Jers	011 .					0		
1 Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	om	
(A) Name and business			ONE					(B) Description of s		С	((ompe		n
	alualia e la f	-+ /'							un the c				
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	στ lin	niteo	i to i	thos (ted	above) who received mo	ore than		_	000	

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Form **990** (2021)

		(2021) RESEARCH, INC	•			31-1763	110 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line			(2)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
٥Ĕ	c		292,163.				
ifts r A	c						
nila n	-		290,010.				
Sin	f	All other contributions, gifts, grants, and					
utio	'		029,947.				
<u>et</u>			025,547.				
out	ç	Noncash contributions included in lines 1a-1f		2 612 120			
<u>a</u> C	h	Total. Add lines 1a-1f		3,612,120.			
			Business Code		005 006		
e	2 a	CONFERENCE REVENUE	900099	235,036.	235,036.		
e vi	b						
Se	c						
am	c						
Program Service Revenue	e						
Pre	f	All other program service revenue					
	c			235,036.			
	3	Investment income (including dividends, interes		•			
		other similar amounts)		16,677.	15,000.		1,677.
	4	Income from investment of tax-exempt bond pr		_ , ,			
	5	Royalties	· · ·				
	5	(i) Real	(ii) Personal				
	•						
	6 a						
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	() <u> </u>					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 5 ,019.					
	b	Less: cost or other basis					
ne		and sales expenses 7b 5,111.					
venue	c	Gain or (loss) 7c -92.					
Rev	c	Net gain or (loss)	🕨	-92.			-92.
Other	8 a	Gross income from fundraising events (not					
ŧ		including \$ 292,163. of					
-		contributions reported on line 1c). See					
			35,640.				
	h		60,422.				
		Net income or (loss) from fundraising events	►	-24,782.			-24,782.
		Gross income from gaming activities. See		,;011			,
	50	Part IV, line 19					
		Net income or (loss) from gaming activities	₽				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
s			Business Code				
e	11 a						
scellaneo <u>Revenue</u>	b						
eve eve	c						
Miscellaneous Revenue	c	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,838,959.	250,036.	0.	-23,197.
132009	9 12-09						Form 990 (2021

132009 12-09-21

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FOUNDATION FOR PRADER-WILLI RESEARCH. INC.

				FOUI	NDAT TO	N FOR	PRAD	ER.	- W -	ᇿᇈ	цΤ
Form 990 (2021)					EARCH,						
Part IX Statement of Functional Expenses											
	Section 50	1(c)(3) and	l 501(c)(4)	organiza	tions must c	complete a	ll column	s. All	othe	er o	rgar
		0									_

ion 501(c)(3) and 501(c)(4) o	organizations must complete	e all columns. All other o	rganizations must com	plete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
7b,	8b, 9b, and 10b of Part VIII.		expenses	Management and general expenses	expenses						
1	Grants and other assistance to domestic organizations	1 100 051	1 100 051								
	and domestic governments. See Part IV, line 21	1,108,251.	1,108,251.								
2	Grants and other assistance to domestic										
•	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	649,205.	649,205.								
4	Benefits paid to or for members	049,203.	049,209.								
5	Compensation of current officers, directors,										
•	trustees, and key employees	351,240.	204,260.	55,928.	91,052.						
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	520,803.	400,729.	8,267.	111,807.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	5,611.	4,874.	271.	466.						
10	Payroll taxes	62,022.	43,343.	4,310.	14,369.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	1,200.		1,200.							
	Accounting	71,311.		71,311.							
	Lobbying				<u> </u>						
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g		149,866.	63,553.	70,750.	15 563						
40	column (A), amount, list line 11g expenses on Sch 0.)	5,653.	03,333.	573.	<u> 15,563.</u> 5,080.						
12 13	Advertising and promotion Office expenses	97,720.	20,018.	38,622.	39,080.						
13 14	Information technology	30,696.	455.	30,241.	55,000.						
15	Royalties		1001								
16	Occupancy										
17	Travel	2,665.	783.	1,753.	129.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2,322.		2,322.							
23		13,202.		13,202.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A),										
а	amount, list line 24e expenses on Schedule 0.)	55,555.	53,243.	2,312.							
a h	AUDIO VISUAL EXPENSES	22,288.	21,444.	844.							
c		,	,								
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	3,149,610.	2,570,158.	301,906.	277,546.						
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)				Earm 990 (2021)						

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Form 990 (2021)

Form	990	(2021)
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FOUNDATION FOR PRADER-WILLI RESEARCH, INC.

	990 (2	2021) RESEARCH, INC.		31-	1763110 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	160,062.	1	416
	2	Savings and temporary cash investments	5,426,783.	2	5,717,225
	3	Pledges and grants receivable, net	298,149.	3	459,250
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ts		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	131,011.	9	130,629
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,967.			
	b	Less: accumulated depreciation 10b 5,419.	3,870.	10c	<u>1,548</u> 5,542
	11	Investments - publicly traded securities	1,053.	11	5,542
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	265,000.	13	430,000
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,285,928.	16	6,744,610
	17	Accounts payable and accrued expenses	50,920.	17	61,609
	18	Grants payable	1,690,517.	18	1,409,874
	19	Deferred revenue	6,375.	19	1,750
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ë		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	159,300.	05	0
	06	of Schedule D Total liabilities. Add lines 17 through 25	1,907,112.	25 26	1,473,233
	26	Organizations that follow FASB ASC 958, check here \blacktriangleright X	1,907,112.	20	1,475,255
ŝ		and complete lines 27, 28, 32, and 33.			
ů	27		3,964,396.	27	4,990,690
ala	28		414,420.	28	280,687
ē	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	111/1200	20	2007007
Ъ		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,378,816.	32	5,271,377
Z	33	Total liabilities and net assets/fund balances	6,285,928.	33	6,744,610
			,,		Form 990 (202

Form **990** (2021)

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Form	990 (2021) RESEARCH, INC.	31-17	63110	Page 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,959.</u> ,610.				
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,378	,816.				
5	Net unrealized gains (losses) on investments	5		193.				
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	203	,019.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	5,271	<u>,377.</u>				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>				
	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?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	e audit,		x				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2021)

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SCHEDULE A				Public Cha	rity Status an	d Pub	olic Su	troga		OMB No. 1545-0047	
(Fo	rm 99	0)		omplete if the organ	ization is a section 501	(c)(3) orga	anization			2021	
Depar	tment of	f the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public	
		nue Service			/Form990 for instructio		ie latest ir	nformation.	-	Inspection	
Nam	ne of t	he organizatio		DATION FOR ARCH, INC.	PRADER-WILL]	Ľ				identification number 1-1763110	
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		1 1/05110	
The	organ				For lines 1 through 12, cl						
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3											
4											
5		city, and state		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
Ŭ				Complete Part II.)		or operation	5				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
		-		omplete Part II.)							
8					(1)(A)(vi). (Complete Part						
9		0		·	in section 170(b)(1)(A)(i ulture (see instructions).				•	•	
		university:	n a nornano g	frank concept of agrice			name, eny		the conege		
10		,	on that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.	
				mplete Part III.)				O(-)(A)			
11 12		-	-	-	vely to test for public sat vely for the benefit of, to	•			rry out the	nurnoses of one or	
		-	-	-	d in section 509(a)(1) o	-			•		
				-	f supporting organizatior						
а		Type I. A su	upporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting	
h				complete Part IV, Se		ion with it		d organizatio	n(a) by bay	ina	
b				•	or controlled in connect anization vested in the sa			0		•	
			0	t complete Part IV,		ine perce			90 oo.pr		
с		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
			0	()(),). You must complete F	,	,				
d		- ,,	-	•	orting organization oper				0	()	
			,	0 0	ation generally must sati nplete Part IV, Sections	,		•	an attentiv	/eness	
е		- ·			written determination from				II. Type III		
			•		nally integrated supportir			JI - , JI -	, ,,		
f	Ente	er the number of	of supported c	organizations							
g		vide the followi i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount of	monetan	(vi) Amount of other	
	,	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)	
					above (see instructions))						
Tet	.1										
Tota										l	

FOUNDATION	FOR	PRADER-WILLI
RESEARCH,	INC.	

31-1763110 Page 2

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) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3245876.	3950192.	3863432.	3495770.	3612120.	<u>18167390.</u>
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	3245876.	3950192.	3863432.	3495770.	3612120.	18167390.
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)						3195710.
	Public support. Subtract line 5 from line 4.						14971680.
	ction B. Total Support				[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3245876.	3950192.	3863432.	3495770.	3612120.	18167390.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	25,649.	40,045.	54,246.	26,556.	1,677.	148,173.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		2,589.				2,589.
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						18318152.
	Gross receipts from related activities,		,			12	783,970.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi					I I	
	Public support percentage for 2021 (I					14	81.73 %
	Public support percentage from 2020					15	82.94 %
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021

Part II

FOUNDATION	FOR	PRADER-WILLI
RESEARCH,	INC.	

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Suppo	ort					
Calendar year (or fiscal year begir	nning in) 🕨 (a) 2017	7 (b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions	s, and					
membership fees received	I. (Do not					
include any "unusual gran	ts.")					
2 Gross receipts from admis merchandise sold or servic formed, or facilities furnish any activity that is related organization's tax-exempt	ces per- ned in to the					
3 Gross receipts from activit are not an unrelated trade iness under section 513	or bus-					
 Tax revenues levied for the ization's benefit and either or expended on its behalf 	paid to					
5 The value of services or fa furnished by a governmen the organization without c	tal unit to					
6 Total. Add lines 1 through	5					
7a Amounts included on lines 3 received from disqualifie						
b Amounts included on lines 2 and 3 in from other than disqualified persons exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7						
Section B. Total Suppor				1	1	
Calendar year (or fiscal year begin		7 (b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 9 Amounts from line 6 10a Gross income from interes dividends, payments receisecurities loans, rents, roy and income from similar so 	st, ved on alties,					
b Unrelated business taxable in	come					
(less section 511 taxes) from acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated activities not included on I whether or not the busines regularly carried on 	d business ine 10b,					
12 Other income. Do not inclu or loss from the sale of ca assets (Explain in Part VI.)	pital					
13 Total support. (Add lines 9, 10c,						
14 First 5 years. If the Form	990 is for the organization	on's first, second, third	, fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop h	iere					>
Section C. Computation		· · · · ·				
15 Public support percentage			column (f))		15	%
16 Public support percentage					16	%
Section D. Computation						
17 Investment income percer					17	<u>%</u>
18 Investment income percer					18	%
19a 33 1/3% support tests - 2						
more than 33 1/3%, check						►
b 33 1/3% support tests - 2 line 18 is not more than 33	-					
20 Private foundation. If the						
132023 01-04-22	organization did not one					ule A (Form 990) 2021
102020 01-04-22					Geneu	

¹⁶ 2021.04030 FOUNDATION FOR PRADER-WIL 15010341

FOUNDATION FOR PRADER-WILLI RESEARCH, INC.

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1

2

Yes No

Schedule A (Form 990) 2021

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

FOUNDATION	FOR	PRADER-	WILLI
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INC.

RESEARCH,

Schedule A (Form 990) 2021

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Pa	Int IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail 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? <i>If</i> "No," <i>describe in</i> Part VI <i>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</i>		
0	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. Ty	pe II Supporting Organizations

 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
 Image: Control organization 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 managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization organi

Sec	ction D. All Type III Supporting Organizations			
			Yes	N
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported or	anizations	plaved in	n this rea	ard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	e method that the oro	anization used to satist	v the Integral Part Te	est during the vear	(see instructions).
---	---------------------------	-----------------------	--------------------------	------------------------	---------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a government	al entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
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- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

16501024 756359 1501034.000

18

FOUNDATION FOR PRADER-WILL

	dule A (Form 990) 2021 RESEARCH, INC.			31-1763110 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 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) 2021

132026 01-04-22

Sche Par	dule A (Form 990) 2021 RESEARCH, INC t V Type III Non-Functionally Integrated 509(nizations (and the		1-1763110 Page 7
		allo Supporting Orga	inizations (continu	ied)	Current Veer
	on D - Distributions			4	Current Year
1	Amounts paid to supported organizations to accomplish exer	· · · ·		1	
2	Amounts paid to perform activity that directly furthers exemp	a purposes of supported			
	organizations, in excess of income from activity	o of our ported or conization		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which th	e organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	FOUNDATION		ADER-WILLI		31-1763110 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1	mation. Provide the e , 2, 3b, 3c, 4b, 4c, 5a, 6, lines 2 and 3; Part IV, Se	xplanations 9a, 9b, 9c, action E, line	11a, 11b, and 11c; Part es 1c, 2a, 2b, 3a, and 3b;	IV, Section B, lines 1 ; Part V, line 1; Part V,	I7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
132028 01-04-2	2			21		Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Name of the	organization

FOUNDATION FOR PRADER-WIL	FOUNDATION	FOR	PRADER-WILL
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RESEARCH, INC.

31-1763110

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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

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

X 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), 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 \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

FOUNDATION FOR PRADER-WILLI 31-1763110 Patt Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (b) Total contributions Type of contributions 1		B (Form 990) (2021) rganization		Page 2 Employer identification number
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions 1				31-1763110
No. Name, address, and ZIP + 4 Total contributions Type of contributions 1			tional space is needed.	01 1,00110
a s 400,000. Payroll Noncash (Complete Part II for noncash contributions to the payrol) (a) (b) (c) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Payroll Noncash (Complete Part II for noncash contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (c) (c) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (b) Name, address, and ZIP + 4 Total contributions Type of contributions (c) Name, address, and ZIP + 4 Total contributions<				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 2	1		\$400,0	Payroll
(a) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Person X (a) (b) (c) (d) Noncash (Complete Part II for noncash contributions (a) No Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Person X (b) (c) (d) Noncash (Complete Part II for noncash contributions Type of contributions 5				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 3	2		\$290,03	Payroll
3				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 4			_	Person X Payroll
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 5	4		\$193,0	Payroll
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution				
No. Name, address, and ZIP + 4 Total contributions Type of contributions	5		\$150,7	Payroll
6 Barran X				
\$ 136,000. Payroll Noncash (Complete Part II for noncash contribution	6_		\$136,0	

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	B (Form 990) (2021)			Page 2
Name of or	rganization ATION FOR PRADER-WILLI		Emplo	yer identification number
	RCH, INC.		31	-1763110
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions		(d) Type of contribution
7		\$ <u>100,0</u>	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
8_		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9		\$103,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

	rganization ATION FOR PRADER-WILLI	E	mployer identification num
	RCH, INC.		31-1763110
art II	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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	B (Form 990) (2021)		Page				
Name of o	organization		Employer identification number				
FOUND	ATION FOR PRADER-WILLI						
	RCH, INC.		31-1763110				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) > \$				
(-) 11-	Use duplicate copies of Part III if additional	space is needed.	1				
(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, a	nd 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, a	Transferee's name, address, and ZIP + 4					
(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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1-21	27	Schedule B (Form 990) (2021)				

	CHEDULE D Supplemental Financial Statements							
(Forr	n 990) ► Complete if the o Part IV, line 6, 7, 8, 9	rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2021					
	nent of the Treasury	Attach to Form 990.	Open to Public					
-		1990 for instructions and the latest information.						
Nam	e of the organization FOUNDATION FOR PR. RESEARCH, INC.	RDER-WIHHI	Employer identification number 31-1763110					
Pa		ed Funds or Other Similar Funds or Ac						
	organization answered "Yes" on Form 990, Part IV,							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors i		ds					
	are the organization's property, subject to the organization	's exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds can be used o	nly					
	for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose conferr	ing					
Pa	t II Conservation Easements. Complete if the	organization answered "Yes" on Form 990, Part IV,	line 7.					
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).						
	Preservation of land for public use (for example, recr	eation or education)	prically important land area					
	Protection of natural habitat	Preservation of a cert	fied historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a co	nservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic s	structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired							
	listed in the National Register	2d						
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the organi	zation during the tax					
	year 🕨							
4	Number of states where property subject to conservation e							
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservation	n easements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation ea	sements during the year					
•								
8	Does each conservation easement reported on line 2(d) ab							
•	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conserva-							
	balance sheet, and include, if applicable, the text of the foo organization's accounting for conservation easements.	binote to the organization's infancial statements the	at describes the					
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures. or Other S	imilar Assets.					
	Complete if the organization answered "Yes" on For							
1a	If the organization elected, as permitted under FASB ASC		ance sheet works					
Ĩ	of art, historical treasures, or other similar assets held for p							
	service, provide in Part XIII the text of the footnote to its fir							
b	If the organization elected, as permitted under FASB ASC		e sheet works of					
	art, historical treasures, or other similar assets held for pub	· · · · ·						
	provide the following amounts relating to these items:		,					
	(i) Revenue included on Form 990, Part VIII, line 1		► \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical t							
	the following amounts required to be reported under FASB							
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$					
	Assets included in Form 990, Part X		► \$					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021					
13205	10-28-21		-					
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		ION FOR PR	ADER-W	ILLI							
	dule D (Form 990) 2021 RESEARC							31-17	63110	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	Other	Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check an	y of the f	ollowing that	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	e 🛄 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o		,		,			_	-		,
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the org	ganizatio	n answered "	Yes" on F	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodi		-						7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	9:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year										
t	Ending balance						1f		7		1
	Did the organization include an amount on Fo		-				y?	∟	Yes		No
_	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
Fai			1		1			wara baak	(a) Four	looro l	haal
		(a) Current year	(b) Prior	year	(c) Two years	s Dack (a) Three y	ears back	(e) Four y	/ears i	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held an	nd administere	ed for the	organiza	ation	5		
	by:									res	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fund	s.							
Par	t VI Land, Buildings, and Equipm				Come 000	Devit V II	10				
	Complete if the organization answere										
	Description of property	(a) Cost or c		. ,	or other	. ,	cumulate	ed	(d) Book	value	9
		basis (investr	nenių	Dasis	(other)	aep	reciation				
	Land										
	Buildings										
	Leasehold improvements						E 47				10
	Equipment				<u>6,967.</u>		5,43	13.		,54	±0.
	Other								1		10
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (l</u>	<u>3), line 1(</u>	0c.)					,54	
								Schedule	D (Form	990)	2021

Schedule D (Form 990) 2021 RESEARCH , I	NC.	31-	-1763110 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			- f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests(2) Other			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) MISSION RELATED			
(2) PROMISSORY NOTE	430,000.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tetel (0.1 /h) must source Form 000 Dart V and (D) line 10)	430,000.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	430,000•		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	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	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		· · ·	-4
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to f	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺 Schedule D (Form 990) 2021

132053 10-28-21

	FOUNDATION FOR PRADER-WILL	I			
Sche	dule D (Form 990) 2021 RESEARCH, INC.				1763110 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	3,549,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	193.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	193.
3	Subtract line 2e from line 1			3	3,548,949.
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	. 4 a			
b	Other (Describe in Part XIII.)	. 4b	290,010.		
С	Add lines 4a and 4b			4c	290,010.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	3,838,959.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Return	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,946,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a		-	
b	Prior year adjustments	. 2b		-	
С	Other losses	. 2c		-	
d	Other (Describe in Part XIII.)	. 2d			
е				2e	0.
3	Subtract line 2e from line 1			3	2,946,591.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	. 4b	203,019.		
С	Add lines 4a and 4b			4c	203,019.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,149,610.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED

THAT THE FOUNDATION HAD NO UNCERTAIN POSITIONS THAT WOULD REQUIRE

FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER

SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS

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PRIOR TO 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CARES ACT STIMULUS

290,010.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D	(Form	990) 2021		NDATION F EARCH, IN		PRADE	R-WI	LLI		31-176	3110 Page 5
Part XIII	Sup	plementa	RES: I Information	(continued)							
				REPORTED	ON	PART	XI,	LINE	9		203,019.
								_			
										Schedule [) (Form 990) 2021

132055 10-28-21

SCHEDULE F (Form 990)			ivities Outside the Uni n answered "Yes" on Form 990, Part IV			<u>ом</u>	B No. 1545-0047
Department of the Treasury			Attach to Form 990.				to Public
Name of the organization FOUNDATION FOR RESEARCH, INC.			rm990 for instructions and the latest i	nformation.	Employer		cation number
Part I General Info	rmation on A	ctivities Out	side the United States. Complet	te if the organ	ization answ	vered "Ye	es" on
Form 990, Part IV	/, line 14b.						
•	0		ds to substantiate the amount of its gran the selection criteria used to award the g		,	X .	Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistand	ce outsic	de the
			an be duplicated if additional space is ne		A . Data d to	(-1)	(0) T - + -
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, De	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING			GRANTS TO RECIPIENTS IN				
ICELAND & GREENLAND)	0	0	REGION FOR RESEARCH				636,506.
			GRANTS TO RECIPIENTS IN				
NORTH AMERICA	0	0	REGION FOR RESEARCH				12,700.
	-	-					
 3 a Subtotal b Total from continuation sheets to Part I 	0	0					649,206.
c Totals (add lines 3a							ν.
and 3b)	0	0					649,206.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Sche	dule F (F	Form 990) 2021

Schedule F (Form 990) 2021

RESEARCH, INC.

31-1763110

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

(a) Name of Ordanization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	108,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	108,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	108,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	108,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	107,755.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	54,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	42,750.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESEARCH	10 700	WIRE TRANSFER	0.		
2 Enter total number of r			ecognized as charities by the			0.		
			or counsel has provided a sec			►		8
3 Enter total number of c	•	-				······ •		0

Schedule F (Form 990) 2021

Page 2

Schedule F	(Form 990) 2021
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RESEARCH, INC.

31-1763110	
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

Page 3

Sche	dule F (Form 990) 2021 RESEARCH, INC.	31-1763110	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

FOUNDATION FOR PRADER-WILLI
Schedule F (Form 990) 2021 RESEARCH, INC. 31-1763110 Page 5
Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE FOUNDATION FOR PRADER-WILLI RESEARCH ("FPWR") HAS A PROFESSIONALLY
MANAGED GRANT PROCESS THAT ELECTS PROJECTS BASED ON THE COLLABORATIVE
INPUT OF BOTH SCIENTISTS AND PARENTS. FPWR CHOOSES PROJECTS THAT ARE BOTH
SCIENTIFICALLY SOUND AND HIGHLY RELEVANT FOR INDIVIDUALS WITH
PRADER-WILLI SYNDROME ("PWS") AND THEIR FAMILIES. FPWR'S GRANT PROCESS IS
MANAGED BY A SCIENTIFIC ADVISORY BOARD THAT HAS ESTABLISHED THE FOLLOWING
OBJECTIVES.
1. STIMULATE RESEARCH THAT WILL ADDRESS THE CHALLENGES FACED BY THOSE
WITH PWS.
2. SUPPORT RESEARCH THAT DIRECTLY DEVELOPS AND EVALUATES NEW THERAPEUTIC
APPROACHES TO PWS.

3. SUPPORT INNOVATIVE RESEARCH THAT WILL LEAD TO SIGNIFICANT ADVANCES IN UNDERSTANDING PWS.

4. SUPPORT EARLY STUDIES THAT ALLOW INVESTIGATORS TO OBTAIN THE NECESSARY DATA TO SUPPORT FURTHER INVESTIGATION OF PWS.

5. INVOLVE PARENTS IN THE PROCESS OF IDENTIFYING RELEVANT AREAS OF

RESEARCH AND SELECTING THE MOST DESERVING RESEARCH PROPOSALS.

TO REACH THESE OBJECTIVES, FPWR TARGET THE FOLLOWING GROUPS FOR

ALLOCATION OF RESEARCH GRANTS, ALL WITH THE GOAL OF BROADENING THE BASE

37

OF RESEARCH DONE ON PWS.

Schedule F (Form 990) 2021 RESEARCH, INC. Part V Supplemental Information

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

1. NEW INVESTIGATORS TO HELP THEM ESTABLISH CAREERS IN PWS RESEARCH.

2. WELL ESTABLISHED NON-PWS INVESTIGATORS TO HELP THEM BRING EXPERTISE IN

RELEVANT AREAS OF RESEARCH TO ADDRESS THE PROBLEMS ASSOCIATED WITH PWS.

3. ESTABLISHED PWS INVESTIGATORS TO HELP THEM INITIATE NEW LINES OF PWS

RESEARCH.

PART I, LINE 3:

THE EXPENSES REPORTED IN PART I, LINE 3 AND PART II ARE ACCOUNTED FOR

USING THE ACCRUAL METHOD OF ACCOUNTING.

Schedule F (Form 990) 2021

SCHEDULE G	Suppleme	ntal Informa	ation Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	e organization	answered "Yes" on Itered more than \$1	Form	990, P	Part IV, line 17, 18, o			2021
Department of the Treasury		F	Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization			v/Form990 for instr PRADER-WIL		s and	the latest information	on.	Employer id	Inspection entification number
	RESEARC							31-1763	
	complete this part		e organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	r oral agreemer art VII) or entity viduals or entitie	e Solicita f Solicita g Special nt with any individual in connection with p	tion of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
.,	(ii) Activity have custody for activity to (or ret								(vi) Amount paid to (or retained by) organization
				Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered (or licensed to solicit o	contrib	▶ utions	or has been notified	it is (exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Ins	tructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

132081 10-21-21

		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			IGGS	HARVESTING		(add col. (a) through
			FESTIVAL	HOPE	6	col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	177,832.	45,221.	104,750.	327,803.
	2	Less: Contributions	174,332.	21,696.	96,135.	292,163.
	3	Gross income (line 1 minus line 2)	3,500.	23,525.	8,615.	35,640.
	4	Cash prizes				
		• • • • • • • • • • • • • • • • • • • •				
	5	Noncash prizes			250.	250.
Direct Expenses	6	Rent/facility costs	11,500.	7,577.	4,178.	23,255.
ect Ex	7	Food and beverages			436.	436.
Dir	0	Entortoinmont	2 500		1,562.	4,062.
	8 9	Entertainment Other direct expenses		4,962.	4,957.	32,419.
	9 10	Direct expense summary. Add lines 4 through				60,422.
	11	Net income summary. Subtract line 10 from I				-24,782.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
s	2	Cash prizes				
ense						
ЕХр	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
			, , , , , , , , , , , , , , , , , , , ,			•
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				
b	lf "	No," explain:				
	_				_	
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
		-21-21				dule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

RESEARCH, INC.

31-1763110 Page 2

Schedule G (Form 990) 2021

<u> </u>		FOUNDATION				21 1	762110	
		RESEARCH,					<u>.763110</u>	
	Does the organization conduct gam						Yes	└── No
12	Is the organization a grantor, benefit						Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming a							
	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of the							
	Name							
	Address							
	Does the organization have a contra						Yes	L No
ł	If "Yes," enter the amount of gamin				and the am	iount		
	of gaming revenue retained by the t							
C	If "Yes," enter name and address of	f the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation ►	• \$						
	Description of services provided	·						
	Director/officer	Employee		ndependent contracto	or			
17	Mandatory distributions:							
	Is the organization required under s	state law to make cha	aritable distrik	outions from the gami	na proceeds to			
	retain the state gaming license?			adono nom tro gami	•		Yes	No No
t	Enter the amount of distributions re					in the		
	organization's own exempt activitie	•			0			
Pa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as a	nation. Provide the	explanations); and Par	t III, lines 9, 9	9b, 10b,
1320	33 10-21-21					Sched	ule G (Form	990) 2021
				41				

	FOUNDATION	FOR PH	RADER-WILLI		
Schedule G (Form 990) Part IV Supplemental Inform	RESEARCH, I	NC.		31-1763110	Page 4
Part IV Supplemental Infor	mation (continued)				
-					
				Schedule G (F	orm 990)
132084 11-18-21			42		

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42 2021.04030 FOUNDATION FOR PRADER-WIL 15010341

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		l	OMB No. 1	545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	21
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.			Open to Inspe	
Name of the organizati	ion FOUNDATION RESEARCH,							Employer	identificatio	
Part I General Ir	nformation on Grants ar									
criteria used to a	zation maintain records to award the grants or assist IV the organization's pro	tance?							X Yes	□ No
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21,	for any	
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	
FOUNDATION OF ANG 3015 EAST NEW YOR AURORA, IL 60504	ELMAN SYNDROME K STREET, SUITE A2	59-3092842	501(C)(3)	154,000.	0.			RESEARCH		
BAYLOR COLLEGE OF P.O. BOX 301207 DALLAS, TX 75303	MEDICINE	74-1613878	501(C)(3)	108,000.	0.			RESEARCH		
SAINT LOUIS UNIVE 3RD FLOOR 3700 WE ST. LOUIS, MO 631	ST PINE MALL	43-0654872	501(C)(3)	108,000.	0.			RESEARCH		
OHIO STATE UNIVER 1960 KENNY ROAD COLUMBUS, OH 4321		31-6025986	STATE OF OH	107,950.	0.			RESEARCH		
UNIVERSITY OF TEN 910 MADISON ROOM MEMPHIS, TN 38163	826	62-6001636	STATE OF TN	102,600.	0.			RESEARCH		
THE SALK INSTITUT STUDIES - 10010 N ROAD - LA JOLLA,	ORTH TORREY PINES	95-2160097	501(C)(3)	100,000.	0.			RESEARCH		
	per of section 501(c)(3) ar per of other organizations	0	·	e line 1 table				►		<u> 12.</u> 0.
	or or other organizations		Lang							~ •

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

Schedule I (Form 990) RESEARCH , INC .

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DRIVE, MSC 7828 - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	89,100.	0.			RESEARCH		
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	70,801.	0.			RESEARCH		
UNIVERSITY OF CONNECTICUT 241 GLENBROOK ROAD STORRS, CT 06269	52-1725543	STATE OF CT	64,800.	0.			RESEARCH		
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	STATE OF PA	64,800.	0.			RESEARCH		
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	56,700.	0.			RESEARCH		
ALBERT EINSTEIN COLLEGE 1300 MORRIS PARK AVENUE BRONX, NY 10641	13-1740114	501(C)(3)	10,800.	0.			RESEARCH		

Schedule I (Form 990)

Schedule I (Form 990) 2021

RESEARCH, INC.

31-1763110

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information					

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 HAS PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO

ENSURE THAT SUCH GRANTS ARE USED FOR INTENDED PURPOSES AND NOT OTHERWISE

DIVERTED FROM THE INTENDED USE. GRANTEES ARE REQUIRED TO COMPLETE A REPORT

OF THEIR EXPENDITURES AT THE END OF THE GRANT PERIOD, AND PROVIDE THE

REPORT TO THE ORGANIZATION.

ADDITIONAL INFORMATION ABOUT THE PURPOSES OF THE ORGANIZATION'S GRANTS AND

SELECTION PROCESS IS INCLUDED BELOW.

Part IV Supplemental Information

Schedule I (Form 990)

THE FOUNDATION FOR PRADER-WILLI RESEARCH (FPWR) IS DEDICATED TO SUPPORTING RESEARCH TO ADVANCE THE UNDERSTANDING AND TREATMENT OF PRADER-WILLI SYNDROME (PWS). WE INVITE APPLICATIONS FOR FUNDING ON AN ANNUAL OR

SEMIANNUAL BASIS, IN RESPONSE TO A REQUEST FOR APPLICATIONS.

FPWR ACCEPTS APPLICATIONS IN ALL AREAS OF RESEARCH RELEVANT TO PWS, BUT WE ARE PARTICULARLY INTERESTED IN SUPPORTING PROJECTS THAT WILL LEAD TO NEW INTERVENTIONS TO ALLEVIATE THE SYMPTOMS ASSOCIATED WITH PWS.

FPWR ACCEPTS APPLICATIONS FROM ACADEMIC, GOVERNMENT, NON-PROFIT OR FOR-PROFIT RESEARCH ENTITIES. ACADEMIC RESEARCH APPLICANTS SHOULD HAVE A PRIMARY FACULTY APPOINTMENT AT THE LEVEL OF INSTRUCTOR OR HIGHER. THIS GRANT PROGRAM WILL BE USEFUL FOR JUNIOR FACULTY IN THE EARLY STAGES OF THEIR CAREERS, ESTABLISHED INVESTIGATORS IN OTHER AREAS OF RESEARCH WHO WISH TO ENTER THE FIELD OF PWS RESEARCH, OR INVESTIGATORS IN THE PWS FIELD WHO ARE SEEKING FUNDING TO SUPPORT PILOT STUDIES IN A NEW AREA OF PWS RESEARCH. FPWR SEEKS TO SUPPORT INNOVATIVE, HIGH-RISK/HIGH REWARD RESEARCH IN ITS EARLY STAGES.

APPLICATIONS MEETING THE TECHNICAL REQUIREMENTS ARE REVIEWED BY SCIENTIFIC REVIEWERS, WHO HAVE EXPERTISE IN THE RESEARCH AREA, AS WELL AS AN ADVOCATE REVIEWER WHO EVALUATES THE RELEVANCE OF THE PROPOSED RESEARCH TO THE PWS COMMUNITY. FINAL FUNDING DECISIONS ARE BASED ON SCIENTIFIC MERIT, RELEVANCE TO PWS, AND THE SUITABILITY OF THE RESEARCH WITH RESPECT TO THE PROGRAMMATIC GOALS OF FPWR.

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(Form 990) For cartain Officers, Directors, Trustees, Key Employees, and Highest Compensation answered "Yes" on Form 990, Part IV, line 23.	SCHEDULE J	Compensation Information	ĺ	OMB No. 1	545-004	47
Composite of the reserved Yes' on Form 990, Part IV, line 23. Composite of the organization arrayeerd Yes' on Form 990, Part IV, line 23. Composite of the organization POUNDATION FOR PRADER-WILLIT Employer identification number RESEARCH, INC. Potential of the organization POUNDATION FOR PRADER-WILLIT Employer identification number RESEARCH, INC. Yes None of the organization Yes No Part VI, Section A, line 1a. Complete Part III to provide any of the following the organization Travel for companions Travel for comparison Personal services (such as maid, charifeur, chef) Jescretionary spending account Personal services (such as maid, charifeur, chef) Jescretionary spending account Jescretionary s	(Form 990)	-	F	00		
Department Attach to Form 990. Department Department <thdepartment< th=""> <thdepartment< th=""> <thd< th=""><th>· · ·</th><th>Compensated Employees</th><th></th><th>ZU</th><th>Z I</th><th></th></thd<></thdepartment<></thdepartment<>	· · ·	Compensated Employees		ZU	Z I	
Data and the uncessed Decision of the organization Decision of the integration of the organization number RESEARCH, INC. Impection Impection Part II Questions Regarding Compensation Implect of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these litems. Implect of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, of the organization provide any relevant information regarding these litems. Implect VII, Section A, Ine 1a, Organization provide any relevant information regarding these litems. Implect VII, Section A, Ine 1a, VII, Section A, Ine 1a, did the organization relevant information regarding payment or reimbursement or provision of all of the expanses described above? If 'No,' complete Part III to explain 1b Discretionary spending account Personal services (such as maid, chauffeur, chef) 1b Discretionary spending account Personal services (such as maid, chauffeur, chef) 1b Discretionary spending account Personal services (such as maid, chauffeur, chef) 1b Discretionary spending account Implection (the organization regarding payment or reimbursement or provision of all of the expansion commuting or allowing expenses incurred by all directors, trustases, and officers, including the CEO/Executive Director, the skal above? If 'No,' complete Part III to explain (the organization regarding the items checked on line 1a'? 2				Open to	Publ	ic
Name of the organization FOUNDATION FOR PRADER - WILLI Employer identification number 31 - 1763110 Part I Questions Regarding Compensation 31 - 1763110 Part I Questions Regarding Compensation Yes * Check the appropriate box(s) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No - First-List as or charter travel - Housing allowance or residence for personal used in a informitication and gross-up payments Heating to social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Ite - b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain Ite - 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, to explain IP art III. Yes Approval by the board or compensation for establish construct. - 4 During the year, did any person listed on Form 980, Part VII, Section A, line 1a, with respect to the filing organization or a elevated organizations X Approval by the board or compensation				•		
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding the information regarding the response use of personal registeres. Image: Complete Part III to explain and the compensation of the COV-Executive Director, regarding the items checked on line 1a? Image: Complete Part III to explain and completexplate Part III to explate Part III to explai			Employer	identificatio	n nur	nber
1a Check the appropriate box(ac) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Track class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Image: Tax indemnification and gross-up payments Personal services (such as maid, chartferur, chef) b if any of the boxes on line 1a are checked, did the organization foliow a written policy regarding payment or reimbursement or provision of all of the expenses described advorg? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' complete Part III to provide any network? If 'No,' compensation of the organization to establish compensation committee It 2 indicate which, if any, of the following the organization used to establish the compensation committee It It It 3 indicate which, if any, of the following the organization to establish compensation committee Wort may network? If No, 'Compensation and provide any network or study organization to a related organization: It It It It		RESEARCH, INC.	31-1	1763110)	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Housing allowance or residence for personal use First-lises or charter travel Description and gross-up payments Heatt to rosolic lub dives or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) It Indicate which, if any, of the following the organization oused to establish the compensation or the organization to It It For personal actions Compensation or the CEO/Executive Director, but explain in Part III. Compensation or the CEO/Executive Director, but explain in Part III. It During the year, did any person listed on Form 990, Part VII, Section	Part I Quest	ons Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Part of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, part related organization to establish the compensation of the organization to cestablish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain IP Art III. 2 M Compensation committee Write many officers, including the OEO/Executive Director, but explain IP Art III. 2 M Compensation committee Write many organization committee 4a X. During the year, did any person listed on Form 990, Part VIII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X. D Participate in or receive payment from a upuly-based compensation arrangement? 4a X. Participate in or receive payment from an upuly-based compensation pay or accrue any compensation committee 5a X Only					Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Part of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, part related organization to establish the compensation of the organization to cestablish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain IP Art III. 2 M Compensation committee Write many officers, including the OEO/Executive Director, but explain IP Art III. 2 M Compensation committee Write many organization committee 4a X. During the year, did any person listed on Form 990, Part VIII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X. D Participate in or receive payment from a upuly-based compensation arrangement? 4a X. Participate in or receive payment from an upuly-based compensation pay or accrue any compensation committee 5a X Only	1a Check the appr	opriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for company spending account Personal services (such as maid, chauffeur, chef) Image: Travel for the organization requires substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation or the organization to establish compensation and prostee Travel to the organization to cestablish compensation and prostee Travel Travel for the organization to establish compensation and and any person listed on Form 980, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Image: Travel for the organization: Image: Travel for the apple. The organization pay or accrue any compensation and provide the applicable amounts for each item in Part III.			·			
Tax indemnification and grossup payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant 2 More payment from an experimental monopulation in Part III. Yes compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a related organization: 4a X 4 Participate in or receive payment from an equity-based compensation arragement? 4a X 4 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contigent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a	First-class	or charter travel Housing allowance or residence for perso	nal use			
Tax indemnification and grossup payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant 2 More payment from an experimental monopulation in Part III. Yes compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a related organization: 4a X 4 Participate in or receive payment from an equity-based compensation arragement? 4a X 4 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contigent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a	Travel for	ompanions Payments for business use of personal re	sidence			
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b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	-			_		v
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				<u>5b</u>		<u>^</u>
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			n			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	-				v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 				60		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 	-			_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				/		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						y
Regulations section 53.4958-6(c)?				<u>8</u>		
			<u> </u>		000	2024

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Schedule J (Form 990) 2021

RESEARCH, INC.

31-1763110

Page 2

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN WALTER	(i)	226,687.	0.	15,747.	0.	43,966.	286,400.	0
CEO THRU 12/17/21	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

FOUNDATION	FOR	PRADER-WILLI
RESEARCH,	INC.	

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR PRADER-WILLI Emp



Employer identification number 31-1763110

FORM 990, PART VI, SECTION B, LINE 11B:

RESEARCH

TNC.

FOUNDATION FOR PRADER-WILLI RESEARCH INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS CIRCULATED AMONG BOARD MEMBERS WITH AN EXPLICIT DEADLINE FOR WHICH ANY COMMENTS MUST BE SUBMITTED BY. AFTER ALL COMMENTS ARE ADDRESSED, THE FORM 990 IS ELECTRONICALLY FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS REVIEW AND DISCUSS THE CONFLICT OF INTEREST POLICY ANNUALLY AT A BOARD MEETING. THE GOVERNING BOARD OR DELEGATED COMMITTEE IS RESPONSIBLE FOR DETERMINING AND REVIEWING CONFLICTS OF INTEREST. BOARD MEMBERS AND PRINCIPAL OFFICERS ARE REQUIRED TO SELF DISCLOSE AND THE BOARD HAS AN ADDITIONAL GOVERNANCE COMMITTEE. EACH MEMBER AND PRINCIPAL OFFICER IS THEN REQUIRED TO SIGN THE DISCLOSURE FORM AT THE MEETING NOTING CONFLICTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

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

 THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO INCLUDED THE USE OF

 COMPARABILITY DATA, AND INCLUDED REVIEW AND APPROVAL BY THE EXECUTIVE

 COMMITTEE OF THE BOARD. THE PROCESS WAS DOCUMENTED AND LAST UNDERTAKEN IN

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

 Schedule O (Form 990) 2021

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Schedule O (Form 990) 202	21	Page 2
Name of the organization	FOUNDATION FOR PRADER-WILLI	Employer identification number
	RESEARCH, INC.	31-1763110

2019. COMPENSATION INCREASES FOR OTHER STAFF ARE RECOMMENDED BY THE CEO TO

THE EXECUTIVE COMMITTEE, WHO REVIEWS AND APPROVES THESE INCREASES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NY, NC, ND, OK, OR, PA, RI, SC, TN UT,VA,WV,WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUND OF GRANT EXPENSE

203,019.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF

AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR

YEAR.

PART V, LINE 2A

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION

(PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING,

EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY

COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS W-2

AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL EIN. IN 132212 11-11-21

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Schedule O (Form 990) 2021

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Name of the organization FOUNDATION FOR PRADER-W RESEARCH, INC.		Employer identification number 31-1763110
THIS CO-EMPLOYMENT ARRANGEMENT, THE O	RGANIZATION IS THE	E COMMON LAW
EMPLOYER AND, ACCORDINGLY, COMPENSATIO		
VII, SECTION A AND PART IX, LINES 5-1	0.	
132212 11-11-21		Schedule O (Form 990) 202