Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ 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. Internal Revenue Service For the 2020 calendar year, or tax year beginning , 2020, and ending 01/01 12/31 . 20 20 C Name of organization PRION ALLIANCE INC B Check if applicable: D Employer identification number Address change Doing business as 46-0732060 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Cambridge, MA, 02139 G Gross receipts \$ 190,882 Application pending F Name and address of principal officer: Eric Minikel H(a) Is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No 501(c) (4947(a)(1) or Tax-exempt status: √ 501(c)(3)) < (insert no.) If "No," attach a list. See instructions 527 Website: ▶ prionalliance.org H(c) Group exemption number ▶ Form of organization: <a>Corporation Trust L Year of formation: M State of legal domicile: K Association MA Part I Summary 1 Briefly describe the organization's mission or most significant activities: Prion Alliance, Inc aims to catalyze the Activities & Governance development of a treatment or cure for human prion diseases by funding, organizing and promoting scientific research. Our (Continued on Schedule O. Statement 1) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 3 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 280.158 190.882 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 280.158 190.882 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 277,118 121,980 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 0 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 277,118 121,980 Revenue less expenses. Subtract line 18 from line 12 19 3.040 68,902 Assets or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 180,792 249,694 21 Total liabilities (Part X, line 26) 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 180,792 249.694 Signature Block Part II 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 Eric Minikel, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check if Paid self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no.

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Prion Alliance, Inc aims to catalyze the development of a treatment or cure for human prion diseases by funding, organizing and
	promoting scientific research. Our organization supports research directed at understanding prion disease biology, discovering
	and testing therapeutics, and developing novel lab and computational methodologies needed for furthering this research. Our
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 67,947 including grants of \$ 67,947) (Revenue \$ 0)
	We maintained and characterized two transgenic mouse lines that our organization developed for the purposes of enabling
	discovery and development of human price protein lavoring drugs
	discovery and development of numan priori protein-lowering drugs.
4b	(Code:) (Expenses \$ 20,000 including grants of \$ 20,000) (Revenue \$ 0)
	We partnered with researchers at Utah State University to develop a new PRNP knockout hamster as a tool for PrP-lowering drug
	development.
4c	(Code:) (Expenses \$12,675 including grants of \$12,675) (Revenue \$0)
	We initiated development of a new PRNP knockout rat model as a tool for PrP-lowering drug development.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 3
	(Expenses \$ 21,358 including grants of \$ 21,358) (Revenue \$ 0)
40	Total program service expenses > 121 080

Part	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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		·
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		~
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		~
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX </i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		/
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
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		/
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grapts or other assistance to any demostic organization or	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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		,
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		
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		·
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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		~
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 </i>	34		V
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38	~	
Part	Check if Schedule O contains a response or note to any line in this Part V			
	2 Concease a containe a response of field to dry fine in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	constable gambling (gambling) winnings to prize winners?	10		

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return 2 o 1 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a Did and the said is the said of the organization have an interest in. or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or the financial account in a foreign country (such as a bank account, securities account, or other damanial accountry). 5a Was the organization appry to a prohibited tax shelder transaction at any time during the tax year? 5b Was the organization appry to a prohibitod tax shelder transaction at any time during the tax year? 5c Note: If "Yes," enter the name of the foreign country (such as party to a prohibited tax shelfer transaction? 5c Did the organization sell, exchanges secepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or guits were not tax deductible? 6c Did the organization sell, e	Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Statements, filled for the calendar year ending with or within the year covered by this return 2 0 b If at least one is reported on line 2a, did the organization file all required federal enployment tax returns? Note: if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or their financial accountry) b If "Yes," enter the name of the foreign country [Yes to as a bank account, securities account, or their financial accountry) b Pose instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5b V b Did any texable party notify the organization that it was or is a party to a prohibited tax shetter transaction of any type to the organization she are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organization shall are year evelve deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? b If "Yes," indicate the number of Forms 2282 filed during the year c Did the organization sell, exchange, or ot					Yes	No
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Sa V 1f "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 1f "Yes," refer the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa V See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Section 501 (cit and year) and year of the value of the part to a contribution of the very selection and party to a contribution of the very selection and party to a contribution of the very selection and party to a contribution of the value of the goods or services provided? To it the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To it the organization every every pay premiums, directly or indirectly, on a personal benefit contract? To it the organiz	b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b		
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a financial account in a foreign country (such as a bank account, securities account, or other financial account?) Bif "See," enter the name of the foreign country be see instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization stat may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive a contribution of qualified intellectual property, did the organization benefit contract? If the organization receive a contribution of qualified intellectual property, did the organization benefit contract? If the organization receive a contribution of cas, boats, arplanes, or other vehicles, did the organization than the property of the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor,	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on So	chedule O .	3b		
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over,			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter:				
against amounts due or received from them.)	а	Gross income from members or shareholders	11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			1	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	b	· · · · · · · · · · · · · · · · · · ·	12b			
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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а			13a		
the organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule	e O.			
c Enter the amount of reserves on hand		, ,				
14a Did the organization receive any payments for indoor tanning services during the tax year?		- · · · · · · · · · · · · · · · · · · ·				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		L				
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?						~
excess parachute payment(s) during the year?				14b		
If "Yes," see instructions and file Form 4720, Schedule N.	15		remuneration or			
				15		~
The lighted organization an adjugational incitiution cubject to the coetion /UGV evoles tay on not investment income? 16 /	40					
If "Yes." complete Form 4720. Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investig "Yes" complete Form 4720. Schedule O	sument income?	16		-

Form 990 (2020)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 3 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Eric Minikel.

Part VI

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if heither the organization no	r any relate	a orga	anız	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee.
				(6	C)					
(A) Name and title	(B) Average hours	erage (do not check m					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Sonia Vallabh	5.00									
President	0.00			~				0	0	C
Greta Beekhuis Co-director	2.00 0.00			_				0	0	
Eric Minikel	5.00									
Treasurer	0.00			~				0	0	(

Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c).	Part	VII Section A. Officers, Directors, 1	Γrustees, I	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (co	ntinued)
Name and title Control check more than one part week Part Vall Part Val							•							
Name and title Average Dox, unless person is both an incompensation of other compensation of the com		(A)	(B)	(do n	ot of				ano	(D)	(E)		(F)
Park week Park		Name and title	_	١,						1				
Substotal				office	er and	d a d	lirect	or/trust						
the Subtotal Total from continuation sheets to Part VII, Section A			1 '	or c	Ins	Off.	₹ e	Hig	For					
the Subtotal Total from continuation sheets to Part VII, Section A				direc	l tt	cer	em/	hes	mer	(W-2/1099-MISC)	(W-2/1099	-MISC)		
the Subtotal				otor all	ione		oldt	ee co	,				related orga	anizations
the Subtotal			below	rust	ŧ		yee	npe						
the Subtotal			dotted line)	ee	stee			nsat						
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)								ed						
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)														
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)														
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Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)														
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)			 											
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)	1b	Subtotal				<u> </u>	l			0		0		0
d Total (add lines 1b and 1c)			VII. Sectio	n A					•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_				Ċ				•	0		0		0
reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2								e) w		e than \$1	00.000	of	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_	, ,							-,	0		,		
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who													Y	es No
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	officer, dire	ector.	tru	iste	e, k	cev e	mpl	lovee, or highes	st compe	nsated		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•		-			~
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatic	n a	and other compe	nsation fr	om the		
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person														
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual											4	'
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or inc	ividual		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who		_	? If "Yes," c	compl	ete	Sch	hedi	ule J t	or s	such person .			5	· ·
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation	Secti	on B. Independent Contractors												
(A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who	1													
None None Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	ort compen	satio	n foi	r the	e ca	lenda	r ye	ear ending with or	within the	e orgar	nization's t	ax year.
None 2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business add	iress							Description of serv	/ices		Compensation	on
	None													
			<i>p</i>				, .		L	p	. .			
raceived mare than \$100,000 at companion from the examination	2	received more than \$100,000 of compens) th	nose listed abov 0	e) wno			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a	0				
ran M	b	Membership dues			1b	0				
פ, ב	С	Fundraising events			1c	0				
ifts r A	d	Related organization	ns .		1d	0				
n, G	е	Government grants	(cont	ributions)	1e	0				
Sin	f	All other contribution								
uti je		and similar amounts no	ot incl	uded above	1f	190,882				
들히	g	Noncash contribution								
ng Dg		lines 1a-1f			1g	\$ 0				
о в	h	Total. Add lines 1a-	-1f .			▶	190,882			
o l	0-					Business Code				
Ş.	2a									
Ser iue	b									
m e	۲ C									
Jra Re	d									
Š	e f	All other program se	anvice							
Miscellaneous Revenue	g	Total. Add lines 2a-				•	0			
	3	Investment income								
		other similar amoun	-	_			0	0	0	0
	4	Income from investr					0	0	0	0
	5	Royalties				▶	0	0	0	0
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	T [*]			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	_		0	0				
		other than inventory	7a							
Jue	b	Less: cost or other basis and sales expenses .	7b		0					
Ş	C	Gain or (loss)	7c		<u>0</u> 0	0				
		Net gain or (loss)					0	0	0	0
þer		Gross income from								3
ŏ		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line	e 18		8a	0				
	b	Less: direct expens	es .		8b	0				
	С	Net income or (loss)) from	n fundraisin	g eve	nts >	0		0	0
	9a	Gross income f								
		activities. See Part I			9a	0				
		Less: direct expens			9b	0				
		Net income or (loss)			ctivitie	es >	0	0	0	0
	10a	Gross sales of in		•	100					
	h	returns and allowan			10a 10b	0				
	D C	Less: cost of goods Net income or (loss)				orv >	0	0	0	0
<u>"</u>		1301 11001110 01 (1035)	,	. 54.65 01 111	701110	Business Code	0	0	0	0
oŭ.	11a									
nuk	b									
elle ye	c									
<u>s</u>	d	All other revenue								
Σ	е	Total. Add lines 11a	a_11c	<u>1.</u>		•	0			
	12	Total revenue. See					190,882	0	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).		
Check if Schedule O contains a response or note to any line in this Part IX	. [T

	Check is deficable of contains a response	of floto to arry line	in this raiting.		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	121,980	121,980		
2	Grants and other assistance to domestic	121,700	121,700		
2	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees				•
		0	0	0	0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):	0	U	U	U
			_	•	_
a	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses	0	0	0	0
10	for any federal, state, or local public officials	_	_	•	^
10	-	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	121,980	121,980	0	0
26	Joint costs. Complete this line only if the	121,980	121,980	U	U
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					F 000 (2000)

Part X Balance Sheet

(A) Beginning		(B)
Beginning	of year	End of year
1 Cash—non-interest-bearing	180,792 1	249,694
2 Savings and temporary cash investments	0 2	. 0
3 Pledges and grants receivable, net	0 3	0
4 Accounts receivable, net	0 4	. 0
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	0 5	5 0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0 6	
	0 7	
7 Notes and loans receivable, net	0 8	
9 Prepaid expenses and deferred charges	0 9	
10a Land, buildings, and equipment: cost or other	0 3	
basis. Complete Part VI of Schedule D 10a		
b Less: accumulated depreciation 10b	10	lc
11 Investments—publicly traded securities	0 11	1 0
12 Investments—other securities. See Part IV, line 11	0 12	2 0
13 Investments—program-related. See Part IV, line 11	0 13	3 0
14 Intangible assets	0 14	4 0
15 Other assets. See Part IV, line 11	0 15	5 0
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,792 16	249,694
17 Accounts payable and accrued expenses	0 17	7 0
18 Grants payable	0 18	0
19 Deferred revenue	0 19	9 0
20 Tax-exempt bond liabilities	0 20	0
21 Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	0
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
controlled entity or family member of any of these persons	0 22	
20 Good of Thorigages and Tiotos payable to difficiated third parties	0 23	
24 Unsecured notes and loans payable to unrelated third parties	0 24	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		
of Schedule D	0 25	-
26 Total liabilities. Add lines 17 through 25	0 26	6 0
পু Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions	180,792 27	7 249,694
28 Net assets with donor restrictions	0 28	3 0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances		
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	29	
29 Capital stock or trust principal, or current funds	30	
31 Retained earnings, endowment, accumulated income, or other funds	31	
32 Total net assets or fund balances	180,792 32	
33 Total liabilities and net assets/fund balances	180,792 33	· · · · · · · · · · · · · · · · · · ·

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	0,882
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	1,980
3	Revenue less expenses. Subtract line 2 from line 1	3		6	8,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1		18	0,792
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	_			0
7	Investment expenses				0
8	Prior period adjustments	_			0
9	Other changes in net assets or fund balances (explain on Schedule O)	•			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0		24	9,694
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain	in		
•	Schedule O.				_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				~
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	led	or		
	reviewed on a separate basis, consolidated basis, or both:				
h	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		_
D					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	ı on	a		
	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 oversi	iaht	of		
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O.	anr			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in tl	he		
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	lits .	3b	000	

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PRION ALLIANCE INC 46-0732060 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E)
Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2017 (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 55,405 101,500 280,158 247,110 190,882 875,055 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 Total. Add lines 1 through 3. . . . 4 55,405 101,500 247,110 280,158 190,882 875,055 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) 264,561 Public support. Subtract line 5 from line 4 610,494 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 55,405 101,500 247,110 280,158 190,882 875,055 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 **Total support.** Add lines 7 through 10 11 875,055 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 69.77 % Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	ii trie organization falls to qualify	under the te	ists listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•	•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2020 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2020 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box a	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🗆
b	331/3% support tests-2019. If the organiz	ation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop h	nere. The organ	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation If the organization did	d not check a	hay on line 1/	10a or 10h	shock this hov	and see instru	ctions -

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4-		
5а	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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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			
L	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Part I	V 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
Oootii	71 217 III 1 ypo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	nsuu	CHOIL	3).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	
а	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
9	•	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
<u>u</u>	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	١		
е	(explain in detail in Part VI):	1e		
	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		
	ion C—Distributable Amount	10		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		
_	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	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(ii)		ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

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

Part VI	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

PRION ALLIANCE INC Form 990, Part VI, Section B, Line 11D - The form was filled out, saved as a draft, printed to PDF and emailed to directors for review. Form 990, Part VI, Section C, Line 19 - website, prionalilance.org	Name of the organization	Employer identification number
Form 990, Part VI, Section B, Line 11b - The form was filled out, saved as a draft, printed to PDF and emailed to directors for review. Form 990, Part VI, Section C, Line 19 - website, prionalliance.org	PRION ALLIANCE INC	46-0732060
Form 990, Part VI. Section B, Line 11b - The form was filled out, saved as a draft, printed to PDF and emailed to directors for review. Form 990, Part VI. Section C, Line 19 - website, priorialilance org.		
Form 990. Part VI. Section C, Line 19 - website, prionalliance org		
Form 990. Part VI. Section C, Line 19 - website, prionalliance org	Form 990, Part VI, Section B, Line 11b - The form was filled out, saved as a draft, printed to PDF and email	ed to directors for review.
	Form 990, Part VI. Section C. Line 19 - website, prionalliance.org	

Schedule O, Statement 1 PRION ALLIANCE INC

Form: Form 990 (2020)
Page: 1
Part I, Line 1

Activity Or Mission Description

Description

organ zat on supports research d rected at understand ng pr on d sease b o ogy, d scover ng and test ng therapeut cs, and deve op ng nove ab and computat ona methodo og es needed for further ng this research. Our operational mode is to raise funds and disburse these to the most worthy scient ficiprojects, with a view to the projects relevance to our uit mate goal of a treatment or cure, as we as to the projects ability to everage Prion A lance, Inciseed funding in order to pursue outside funding sources for continued research. We also strive to bring together topisc entire minds to share data, methodology, and findings in a spirt of openness and collaboration.

Schedule O, Statement 2 PRION ALLIANCE INC

Form: **Form 990 (2020)** EIN: **46-0732060**

Page: 2 Part III, Line 1

Mission Description

Description

operational mode is to raise funds and disburse these to the most worthy scient fic projects, with a view to the projects relevance to our uit mate goal of a treatment or cure, as we lias to the projects ability to leverage Prion All ance, Inc seed funding in order to pursue outside funding sources for continued research. We also strive to bring together topiscient ficining in data, methodology, and findings in a spirit of openness and collaboration.

Schedule O, Statement 3 PRION ALLIANCE INC

Form: Form 990 (2020)

EIN: 46-0732060 Part III, Line 4d

Page: **2**

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	We undertook a var ety of other efforts to support deve opment of pr on prote n- ower ng drugs.	21,358	21,358	0
Total:		21,358	21,358	0