Part I  Summary

1 Briefly describe the organization's mission or most significant activities: 

THE MISSION OF PHEO PARA ALLIANCE IS TO PROVIDE RESOURCES, INFORMATION AND SUPPORT TO THOSE WITH PHEOCHROMOCYTOMA AND FACILITATE RESEARCH FOR BETTER TREATMENTS AND A CURE.

Part II  Expenses & Revenue

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>106,339</td>
<td>171,672</td>
</tr>
<tr>
<td>Program service</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income</td>
<td>296</td>
<td>36</td>
</tr>
<tr>
<td>Other revenue</td>
<td>106,635</td>
<td>171,708</td>
</tr>
<tr>
<td>Salaries</td>
<td>78,327</td>
<td>78,980</td>
</tr>
<tr>
<td>Professional</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other expenses</td>
<td>73,248</td>
<td>38,814</td>
</tr>
<tr>
<td>Revenue less</td>
<td>188,821</td>
<td>155,039</td>
</tr>
<tr>
<td>expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net revenue</td>
<td>202,166</td>
<td>218,669</td>
</tr>
</tbody>
</table>

Beginning of Year  End of Year

2021-11-15

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.

Preparer's name

MARK PILKENTON  Treasurer

Preparer's signature

Date

Paid Preparer Use Only

Date

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes ☐ No ☐

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)
**Part 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:

THE MISSION OF PHEO PARA ALLIANCE IS TO PROVIDE RESOURCES, INFORMATION AND SUPPORT TO THOSE WITH PHEOCHROMOCYTOMA AND FACILITATE RESEARCH FOR BETTER TREATMENTS AND A CURE.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

   Yes [ ]  No [ ]

   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?

   Yes [ ]  No [ ]

   If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

<table>
<thead>
<tr>
<th></th>
<th>Code:</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>PROVIDE A NETWORK OF RESOURCES, INFORMATION AND SUPPORT TO PATIENTS AND THOSE AFFECTED ON ALL FACETS OF THE ILLNESS INCLUDING DIAGNOSIS, GENETIC TESTING, SURGERY, NON-SURGICAL TREATMENT, OPTIONS, METASTIC DISEASE AND EMOTIONAL WELL BEING.</td>
<td>44,603</td>
<td>8,130</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Take initial steps towards a pheochromocytoma and paraganglioma tumor dependency map.</td>
<td>37,246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>THE PATIENT EDUCATION WEBINAR SERIES FEATURES HOUR-LONG PATIENT EDUCATION WEBINARS FEATURING A MEDICAL EXPERT DISCUSSING A PHEO PARA TOPIC. THE WEBINAR IS MODERATED BY A PATIENT OR CAREGIVER. PATIENTS ARE PROVIDED AN OPPORTUNITY TO ASK QUESTIONS LIVE OR SUBMIT THEM BEFOREHAND. THIS LIVE WEBINAR SERIES IS MADE POSSIBLE THROUGH AN EDUCATIONAL GRANT BY PROGENICS.</td>
<td>29,761</td>
<td>29,761</td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td>Other program services (Describe in Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>Total program service expenses</td>
<td>111,610</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The table above is a representation of the Form 990 (2020) checklist for required schedules. Each row corresponds to a specific question or action required for tax-exempt organizations. The responses are marked as "Yes" or "No" based on the organization's answers or actions. The document text includes further details and explanations for each row, which can be found in the fullForm 990 (2020) instructions.
Part IV Checklist of Required Schedules (continued)

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  

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  

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  

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defend any tax-exempt bonds?  

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  

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  

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?  

27 Did the organization provide a gift 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  

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  

c 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  

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  

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  

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  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

b If ‘Yes’ to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  

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  

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  

38 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.
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 .

2b

2c

2d Enter the number of reserves on hand .

3a No

3b

3c

3d

3e

3f

3g

4a No

4b

4c

4d

5a

5b

5c

5d

5e

5f

5g

5h

6a No

6b

6c

6d

7a No

7b

7c No

7d

7e No

7f

7g

7h

8

9a

9b

10a

10b

11

11a

11b

11c

12a

12b

12c

13a

13b

13c

14a No

14b

15 No

16 No

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

10 Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

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

12b

12c

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

13a

13b

13c

14a

14b

15

16
### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If “No,” go to line 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 List the states with which a copy of this Form 990 is required to be filed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 State the name, address, and telephone number of the person who possesses the organization’s books and records:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARK PILKENTON 9721 WHITLEY PARK PL BETHSEDA, MD 20814 (301) 332-3530</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Part VII**

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STEPHANIE ALLBAND</td>
<td>20.00</td>
<td>X</td>
<td>78,980</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>ELI SOTO</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>MATTHEW CAPOGRECO</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>LINDA ROSE-KRASNOR</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>MARK PILKENTON</td>
<td>2.00</td>
<td>X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>JACQUES LENDERS</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>HEATHER STEINMAN</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>ALLEN WILSON</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee</td>
<td>Officer</td>
<td>Institution Trustee</td>
<td>Key employee</td>
</tr>
</tbody>
</table>

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

**Total:** 78,980

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>No</td>
</tr>
</tbody>
</table>

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

| 4   | No |

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

| 5   | No |

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0
### Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 171,672</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a - 1f.6</td>
<td>1g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td>171,672</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue.</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Investment income (including dividends, interest, and other income)</td>
<td>36 36</td>
</tr>
<tr>
<td>b IRC Section 115(a) Royalties</td>
<td></td>
</tr>
<tr>
<td>c IRC Section 115(a) Royalties</td>
<td></td>
</tr>
<tr>
<td>d (i) Gross rents</td>
<td></td>
</tr>
<tr>
<td>e (ii) Personal</td>
<td></td>
</tr>
<tr>
<td>f Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>g Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>h Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>i (i) Securities</td>
<td></td>
</tr>
<tr>
<td>j (ii) Other</td>
<td></td>
</tr>
<tr>
<td>k Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>l Net gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>m Gross income from fundraising events (not including $ of contributions reported on the 1c). See Part IV, line 18.</td>
<td>0</td>
</tr>
<tr>
<td>n Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>o Net income or (loss) from fundraising events</td>
<td></td>
</tr>
<tr>
<td>p Gross income from gaming activities. See Part IV, line 19.</td>
<td></td>
</tr>
<tr>
<td>q Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>r Net income or (loss) from gaming activities</td>
<td></td>
</tr>
<tr>
<td>s Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>t Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>u Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
<tr>
<td>v Miscellaneous Revenue</td>
<td></td>
</tr>
<tr>
<td>w Business Code</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td></td>
</tr>
<tr>
<td>y</td>
<td></td>
</tr>
<tr>
<td>z</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-1ld</td>
<td></td>
</tr>
<tr>
<td>f Total revenue. See instructions</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2020)
## Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>37,245</td>
<td>37,245</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>78,980</td>
<td>58,985</td>
<td>13,330</td>
<td>6,665</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td>20,740</td>
<td>7,761</td>
<td>7,343</td>
<td>5,636</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>1,219</td>
<td>868</td>
<td></td>
<td>351</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>9,536</td>
<td>3,550</td>
<td>4,489</td>
<td>1,497</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>2,329</td>
<td>2,329</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>954</td>
<td>954</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Fundraising</td>
<td>2,484</td>
<td></td>
<td>2,484</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Postage and Shipping</td>
<td>747</td>
<td></td>
<td>747</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Miscellaneous</td>
<td>527</td>
<td></td>
<td>527</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Bank fees</td>
<td>153</td>
<td></td>
<td>153</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>125</td>
<td></td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>155,039</td>
<td>111,610</td>
<td>26,796</td>
<td>16,633</td>
</tr>
<tr>
<td>26</td>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

**Beginning of year**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>114,456</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>250,776</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>13,500</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10c</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets:</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>378,732</td>
</tr>
</tbody>
</table>

**End of year**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>88,715</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>261,950</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4,980</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>13,500</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets:</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>369,145</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>865</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>35,911</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>36,776</td>
</tr>
</tbody>
</table>

**Total liabilities. Add lines 17 through 25**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>341,956</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>358,625</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>341,956</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
<td>358,625</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>369,145</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Cash</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>No</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
</tr>
</tbody>
</table>
Software ID: 20011551
Software Version: 2020v4.0

Form 990, Special Condition Description:
### SCHEDULE A

#### Reason for Public Charity Status

All organizations must complete this part. See instructions.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Check</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in 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:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>e</td>
<td>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.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

### Part I

#### Name of the organization

**PHEO ALLIANCE INC**  
**PHEO PARA ALLIANCE**

**Employer identification number**  
26-1510652

#### Part II

Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
<th>(iv)</th>
<th>(v)</th>
<th>(vi)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of supported organization</td>
<td>EIN</td>
<td>Type of organization described on lines 1-10 above (see instructions)</td>
<td>Is the organization listed in your governing document?</td>
<td>Amount of monetary support (see instructions)</td>
<td>Amount of other support (see instructions)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grant.&quot;).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Public support. Subtract line 5 from line 4.

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage for 2019 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part III | Support Schedule for Organizations Described in Section 509(a)(2)**

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

### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>91,437</td>
<td>24,431</td>
<td>324,639</td>
<td>106,339</td>
<td>161,058</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td>10,614</td>
<td>10,614</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total. Add lines 1 through 5</td>
<td>91,437</td>
<td>24,431</td>
<td>324,639</td>
<td>106,339</td>
<td>171,672</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Public support. (Subtract line 7c from line 6.)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>718,518</td>
<td>718,518</td>
<td>718,518</td>
<td>718,518</td>
<td>718,518</td>
<td>718,518</td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6.</td>
<td>91,437</td>
<td>24,431</td>
<td>324,639</td>
<td>106,339</td>
<td>171,672</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>624</td>
<td>462</td>
<td>341</td>
<td>296</td>
<td>36</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td>624</td>
<td>462</td>
<td>341</td>
<td>296</td>
<td>36</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. Add lines 9, 10c, 11, and 12.)</td>
<td>92,061</td>
<td>24,893</td>
<td>324,980</td>
<td>106,635</td>
<td>171,708</td>
</tr>
<tr>
<td>14</td>
<td><strong>First 5 years.</strong> If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

#### Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>99.760 %</td>
</tr>
<tr>
<td>16</td>
<td>99.830 %</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

#### Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>0.240 %</td>
</tr>
<tr>
<td>18</td>
<td>0.170 %</td>
</tr>
</tbody>
</table>

#### 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 33 1/3% support tests—2019. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. <strong>Type I or Type II only.</strong> Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. <strong>Substitutions only.</strong> Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV  Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>11</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>a</strong> 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?</td>
</tr>
<tr>
<td></td>
<td><strong>b</strong> A family member of a person described in 11a above?</td>
</tr>
<tr>
<td></td>
<td><strong>c</strong> A 35% controlled entity of a person described in line 11a or 11b above? If &quot;Yes&quot; to 11a, 11b, or 11c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
|    | **Yes** | **No** |
|    | **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. |
|    | **Yes** | **No** |
|    | **2** |

### Section C. Type 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 the supported organization(s). |
|    | **Yes** | **No** |
|    | **1** |

### Section D. All Type III Supporting Organizations

| 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? |
|    | **Yes** | **No** |
|    | **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). |
|    | **Yes** | **No** |
|    | **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. |
|    | **Yes** | **No** |
|    | **3** |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

|    | **a** The organization satisfied the Activities Test. Complete line 2 below. |
|    | **b** The organization is the parent of each of its supported organizations. Complete line 3 below. |
|    | **c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) |

2 Activities Test. Answer lines 2a and 2b below.

|    | **a** Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |
|    | **b** Did the activities described in line 2a 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. |
|    | **Yes** | **No** |
|    | **2a** |

|    | **2b** |

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. |
|    | **Yes** | **No** |
|    | **3a** |

|    | **3b** |
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td>1</td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</td>
</tr>
</tbody>
</table>
### Part V

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

#### Distributions

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts <em>(prior IRS approval required - provide details in Part VI)</em></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions <em>(describe in Part VI)</em>. See instructions</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive <em>(provide details in Part VI)</em>. See instructions</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2020 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations

*(see instructions)*

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2020</th>
<th>(iii) Distributable Amount for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2020 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2020 <em>(reasonable cause required-- explain in Part VI)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See instructions.

<table>
<thead>
<tr>
<th>3</th>
<th>Excess distributions carryover, if any, to 2020:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a From 2015</td>
<td></td>
</tr>
<tr>
<td>b From 2016</td>
<td></td>
</tr>
<tr>
<td>c From 2017</td>
<td></td>
</tr>
<tr>
<td>d From 2018</td>
<td></td>
</tr>
<tr>
<td>e From 2019</td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h Applied to 2020 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2015 not applied <em>(see instructions)</em></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2020 from Section D, line 7:</td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b Applied to 2020 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2021. Add lines 3j and 4c.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
</tr>
<tr>
<td>a Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>b Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>c Excess from 2018</td>
<td></td>
</tr>
<tr>
<td>d Excess from 2019</td>
<td></td>
</tr>
<tr>
<td>e Excess from 2020</td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
Software ID: 20011551
Software Version: 2020v4.0
**Schedule B**
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

**Schedule of Contributors**

➤ Attach to Form 990, 990-EZ, or 990-PF.

➤ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHEO ALLIANCE INC PHEO PARA ALLIANCE</td>
<td>26-1510652</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

Filers of:

Form 990 or 990-EZ

- 501(c) ( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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.

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

### Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTRICTED</td>
<td>$ RESTRICTED</td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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<table>
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<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
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</thead>
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<td></td>
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<td></td>
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<tbody>
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<th>(b) Name, address, and ZIP + 4</th>
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</thead>
<tbody>
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<tr>
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<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
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</tr>
</thead>
<tbody>
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</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (See instructions)</th>
<th>Date received</th>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) $ __________________

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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Transferee's name, address, and ZIP 4

Relationship of transferor to transferee

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(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transferee
Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

   Yes □ No □

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government

(b) EIN

(c) IRC section (if applicable)

(d) Amount of cash grant

(e) Amount of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of noncash assistance

(h) Purpose of grant or assistance

1. BROAD INSTITUTE
   415 MAIN ST
   CAMBRIDGE, MA 02142
   37,245
   0
   RESEARCH

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
   0

3. Enter total number of other organizations listed in the line 1 table
   1

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

<table>
<thead>
<tr>
<th></th>
<th>Type of grant or assistance</th>
<th>Number of recipients</th>
<th>Amount of cash grant</th>
<th>Amount of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
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</table>

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

**Return Reference**

**Explanation**

Additional Supplemental Information  

PART II, LINE 1, COLUMN H: PURPOSE OF GRANT—TAKE INITIAL STEPS TOWARDS A PHEOCHROMOCYTOMA AND PARAGANGLIOMA TUMOR DEPENDENCY MAP. IF SUCCESSFUL, THESE MODELS WILL BE USED TO BEGIN TO IDENTIFY POSSIBLE DRUG REPURPOSING OPPORTUNITIES USING THE BROAD’S DRUG REPURPOSING LIBRARY AND GENETIC TARGETS USING THE BREAKTHROUGH CRISPR GENOME-ENGINEERING TECHNOLOGY.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Software ID</td>
<td>20011551</td>
</tr>
<tr>
<td>Software Version</td>
<td>2020v4.0</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents</td>
<td>CHANGE IN BYLAWS.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 11b: Form 990 Review Process</td>
<td>THE PHEO ALLIANCE BOARD INCLUDING THE TREASURER REVIEW THE COMPLETE FORM 990, INCLUDING ALL ASSOCIATED SCHEDULES.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts</td>
<td>A QUESTIONNAIRE IS COMPLETED ANNUALLY TO MONITOR AND ENFORCE CONFLICT OF INTEREST COMPLIANCE.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 15a: Compensation Review &amp; Approval Process - CEO, Top Management</td>
<td>A RECRUITING EXECUTIVE PROVIDED DIRECTION ON APPROPRIATE SALARY RANGE FOR INDUSTRY AND GEOGRAPHIC LOCATION.</td>
</tr>
<tr>
<td>Form 990, Part VI, Line 19: Other Organization Documents Publicly Available</td>
<td>THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.</td>
</tr>
</tbody>
</table>
Software ID: 20011551
Software Version: 2020v4.0