			** PUBLIC DISCLOSURE COPY *		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Fo	rm 🕽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2020
Dec	artment	of the Treasurv	Do not enter social security numbers on this form as it ma		Open to Public
_		enue Service	► Go to www.irs.gov/Form990 for instructions and the late		Inspection
_				JUN 30, 2021	
В	Check if applicat	ole: C Name of	organization	D Employer identificat	on number
	Addr		INC.		
	Chan Name Chan	e <u> </u>	usiness as	54-0880899	
F		°	and street (or P.O. box if mail is not delivered to street address) Room/su		
Г	Final	1045	5 WHITE GRANITE DR 400	703-531-63	92
	termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,476,976.
	Amer returr		ON, VA 22124	H(a) Is this a group retur	n
	Appli tion	^{ca-} F Name a	nd address of principal officer: JOSEPH GETCH	for subordinates?	Yes X No
	pend	SAME .	AS C ABOVE	H(b) Are all subordinates includ	ed? Yes No
		empt status:		527 If "No," attach a list	. See instructions
			PRSINC.ORG	H(c) Group exemption n	
		f organization:	X Corporation Trust Association Other ► L Y	ear of formation: 1963 M S	tate of legal domicile: VA
F	art I	Summary			CANTIC
ę	3 1		e the organization's mission or most significant activities: LIFE CHAI S ARE PROVIDED TO INDIVIDUALS AND FAMI		
uer.	2	Check this box			
Governance	3		ing members of the governing body (Part VI, line 1a)		. 12
ŝ	8 4		ependent voting members of the governing body (Part VI, line 1a)		12
а и	5 5		of individuals employed in calendar year 2020 (Part V, line 2a)		190
Activitiae &	6		of volunteers (estimate if necessary)		155
į	7a		d business revenue from Part VIII, column (C), line 12		0.
_	b		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
g	8	Contributions	and grants (Part VIII, line 1h)	6,135,293.	7,849,616.
	9	•	ce revenue (Part VIII, line 2g)	1,290,454.	1,212,603.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	32,910.	58,996.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,823. 7,483,480.	<u>36,681.</u> 9,157,896.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14			0.	0.
	40	•		5,973,121.	6,712,944.
	2 16a	Professional fu	undraising fees (Part IX. column (A). line 11e)	0.	0.
Evnancae	ž b	Total fundraisi	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>158,231.</u>		
ù	¹⁷	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,892,908.	1,682,761.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,866,029.	8,395,705.
	19	Revenue less	expenses. Subtract line 18 from line 12	-382,549.	762,191.
t Assets or	ICES			Beginning of Current Year	End of Year
sset	20	Total assets (F		5,342,957.	5,458,044.
Net As			(Part X, line 26)	2,362,563.	1,234,026.
_	<u>∃ 22</u> art II		Block	2,980,394.	4,224,018.
		-	declare that I have examined this return, including accompanying schedules and stat	amonte and to the best of my know	wledge and holiof it is
			Declaration of preparer (other than officer) is based on all information of which prepa		owieuye anu bellel, il is
<u>u</u> u	,			and had any knowledge.	

Sign	Signature of officer	Date
Here	JOSEPH GETCH, CHIEF EXECUTIVE OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	ANDREW E. YOUNG, CPA ANDREW E. YOUNG, CPA	self-employed P01203950
Preparer	Firm's name 🕨 RENNER & COMPANY, CPA, P.C.	Firm's EIN 🕨 54–1498950
Use Only	Firm's address 🖕 700 NORTH FAIRFAX ST, SUITE 400	
	ALEXANDRIA, VA 22314	Phone no. 703 – 535 – 1200
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	LIFE CHANGING AND LIFE SAVING SERVICES ARE PROVIDED TO INDIVIDUALS AND
	FAMILIES LIVING WITH BEHAVIORAL HEALTH CONDITIONS OR FACING A CRISIS.
	PRS PROVIDES AN ARRAY OF SERVICES INCLUDING SKILL TRAINING, SUPPORT,
	AND SUICIDE PREVENTION.
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 \$ 2,149,096. including grants of \$) (Revenue \$ 826,548.
	COMMUNITY SERVICES PROGRAM: THE COMMUNITY SERVICES PROGRAM INCLUDES
	EMPLOYMENT SERVICES AND MENTAL HEALTH SKILLS-BUILDING SERVICES (MHSS).
	EMPLOYMENT SERVICES PROVIDES SUPPORT AND TRAINING FOR CLIENTS WHO WANT
	TO BE COMPETITIVELY EMPLOYED IN THE COMMUNITY TO HELP THEM CHOOSE, GET
	AND KEEP JOBS. MHSS PROVIDES INDIVIDUALLY TAILORED, COMMUNITY-BASED
	INTENSIVE SKILL BUILDING AND SUPPORT SERVICES TO MEET EACH CLIENT'S
	UNIQUE NEEDS, ABILITIES AND GOALS; HELPS CLIENTS MAINTAIN THEIR HOUSING
	AND MAXIMIZE THEIR STABILITY. DURING THE YEAR, THE COMMUNITY SERVICES
	PROGRAM PROVIDED SERVICES TO APPROXIMATELY 616 INDIVIDUALS - 299 IN
	EMPLOYMENT SERVICES AND 317 IN MHSS.
	(Code:)(Expenses \$ 1,857,837. including grants of \$)(Revenue \$ 364,340.
	AND INTO MEANINGEUL COMMUNITY ALTERNATIVES SUCH AS WORK VOLUNTEERING
	AND INTO MEANINGFUL COMMUNITY ALTERNATIVES SUCH AS WORK, VOLUNTEERING AND SCHOOL. CO-OCCURRING DISORDER SERVICES AND ASSISTANCE WITH TRANSITION TO COMMUNITY-BASED ACTIVITIES ARE ALSO OFFERED. DURING THE YEAR, PRS SERVED APPROXIMATELY 229 INDIVIDUALS WITHIN ITS THREE DAY PROGRAMS.
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	990 (2020) PRS, INC. 54-088	0899	Р	_{age} 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
032003	12-23-20	Form	990	(2020)

PRS, INC.

Form **990** (2020)

³ 2020.05000 PRS, INC.

Pa	rt IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
c -	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If</i>	20-		x
F	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28C		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requires, errinnate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>			
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			[
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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PRS, INC.

Form 990 (2020)

	990 (2020) PRS, INC. 54-0880	899	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 190		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Ee	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a		6a		х
h	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 gifts	Ud		
D	where we deduced the C	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
· ·	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand 13c			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 ((2020)
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th		or a "No" re	espon	Pag se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				_
				Yes	4
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing				1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form S				
5	Did the organization become aware during the year of a significant diversion of the organization's as				
6	Did the organization have members or stockholders?				
- 7a					-
	more members of the governing body?		7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				-
U			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		///		j
			0.0	х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?			X	-
b				~	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		9		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re-		9		•
	The internal Research and the internal Research about policies not required by the internal Re	evenue Code.)		Yes	•
10-	Did the organization have local chapters, branches, or affiliates?		10a	165	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		10a		
D		• • •	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before ming the form	? 11a	~	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? //	,		37	
	in Schedule O how this was done		<u>12c</u>	X	-
13	Did the organization have a written whistleblower policy?			X	-
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	_
b	Other officers or key employees of the organization		15b		
	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 arranger	ment with a			
	taxable entity during the year?				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{DC}$, MD , VA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s only)	availa	Э
	for public inspection. Indicate how you made these available. Check all that apply.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and finan	rial	
	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 bo				
_0	PRS, INC. / JOSEPH GETCH - (703)536-9000				
		22124			
3000	6 12-23-20		Form	9 90)
J200€	6 12-23-20		1011		
311	L08 783690 0737.001 2020.05000 PRS, INC			07	7
		•		· · · /	

Form 990 (2020) PRS , INC .	54-0880899	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
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 w	ith or within the organization'	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	l	mea		C)	1001	oure	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per		not cl , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNE WENDY GRADISON	40.00	-		0	×	<u> </u>	4			
FORMER CHIEF EXECUTIVE OFFICER - RET				х				235,220.	0.	18,760.
(2) JOSEPH GETCH	40.00									
CHIEF EXECUTIVE OFFICER				Х				189,277.	0.	8,953.
(3) MARY BROWN	40.00									
CHIEF CLINICAL OFFICER					Х			162,864.	0.	6,923.
(4) VIRGINIA TISCHNER	40.00									
DIRECTOR OF HUMAN RESOURCE						X		118,164.	0.	10,742.
(5) BRIAN SHOW	40.00							115 000	0	
DIRECTOR OF FINANCE & ADMINISTRATION	40.00					X		115,292.	0.	5,775.
(6) MEREDITH HOVAN	40.00							104 202	0	0 200
DIRECTOR OF RESOURCE DEVELOPMENT	40.00					X		104,323.	0.	9,396.
(7) NOVA WASHINGTON	40.00							101 441	0	1 660
REGIONAL DIRECTOR OF EMPLOYMENT	1 00					X		101,441.	0.	4,662.
(8) LIZ BARNES CHAIR	1.00	х		х				0.	0.	0.
(9) ROBERT STURM	1.00	^		Δ				0.	0.	0.
VICE CHAIR	1.00	x		х				0.	0.	0.
(10) LAUREN SHIELDS	1.00			23						U .
PAST CHAIR	1.00	х		х				0.	0.	0.
(11) LEN WOLF	1.00									
SECRETARY		x		х				0.	0.	0.
(12) MARILYN ALDRICH	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(13) ARDELL BUTLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) PAUL DI VITO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) PAUL EVANS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DANNI LEIFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MELISSA GARCIA	1.00							_		_
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20				_	_					Form 990 (2020)

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Form 990 (2020) PRS, INC.	•								54-08	3808	399	Paç	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	not cl , unles	ss per	ition more rson i) than o s both pr/trus T	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Est am	(F) imated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		frc orga and	ensation m the nization related nization	on d
(18) BRIAN MEADOWS BOARD MEMBER	1.00	x						0.		0.			0.
(19) CHRISTINE GREER O'CONNOR BOARD MEMBER	1.00	x						0.		0.			0.
													<u>.</u>
		-											
1b Subtotal								1,026,581.		0.	65	,21	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.1,026,581.		0.	65	,21	0. 1.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	ł			7
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on	ſ			No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization		3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	iccrue comper	isati	on fr	om a	any	unre	elate	ed organization or individ	lual for services		4	X	
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fe	or sı	ich p	oers	on .				<u> </u>	5		Х
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							, 1	ensat	ion froi	n	
(A) Name and business			ONE					(B) Description of s		С	(C) ompen		
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					C						Form 9	90 (20)20)

	990 (2 t VII		<u>, INC.</u> venue					54-0880		Page
		Check if Schedule O o	contains a resp	onse d	or note to any lir			(<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue from tax	excluc
							lanotion revenue		sections 5	
S	1 a	Federated campaigns	1a							
and Other Similar Amounts	b	Membership dues	1b							
Ĕ	с	Fundraising events	1c		342,784.					
ar	d	Related organizations	1d							
Ē	е	Government grants (contri	ibutions) 1e	6,	932,547.					
2	f	All other contributions, gifts,	grants, and							
une		similar amounts not included	above 1f		<u>574,285.</u>					
	g	Noncash contributions included in	lines 1a-1f 1g	\$						
an	h	Total. Add lines 1a-1f			►	7,849,616.				
					Business Code					
	2 a	MEDICAID				1,061,367.				
Ð	b	CONSUMER FEES			900099	87,396.				
suu:	с	OTHER PROGRAM	REVENUE	2	900099	63,840.	63,840.			
eve	d									
Hevenue	е									
	f	All other program service	revenue							
	g	Total. Add lines 2a-2f				1,212,603.				
	3	Investment income (includ	ling dividends,	intere	st, and					
		other similar amounts)			►	61,976.			61,	97
	4	Income from investment o								
	5	Royalties			►					
			(i) Rea		(ii) Personal					
	6 a	Gross rents	6a 29,5	85.						
	b	Less: rental expenses	6b	0.						
	с	Rental income or (loss)	6c 29,5	85.						
	d	Net rental income or (loss))		►	29,585.			29,	58
	7 a	Gross amount from sales of	(i) Secur	ities	(ii) Other					
		assets other than inventory	7a 297,4	73.						
	b	Less: cost or other basis								
		and sales expenses	7ь269,5	99.	30,854.					
	с	Gain or (loss)	7c 27,8	74.	-30,854.					
	d	Net gain or (loss)		<u>.</u>	►	-2,980.			-2,	980
	8 a	Gross income from fundraisir	ng events (not							
		including \$ 342	,784. of							
		contributions reported on	line 1c). See							
		Part IV, line 18								
	b	Less: direct expenses			18,627.					
	с	Net income or (loss) from	fundraising eve	nts	►	7,096.			7,	090
	9 a	Gross income from gamin	g activities. Se	ə						
		Part IV, line 19		9a						
	b	Less: direct expenses								
		Net income or (loss) from			►					
.	10 a	Gross sales of inventory, I	ess returns							
		and allowances		10a						
	b	Less: cost of goods sold								
	с	Net income or (loss) from	sales of invento	ory	►					
					Business Code					
а. О	11 a									
evenue	b									
eve	с									
ŕ	d	All other revenue								
		Total. Add lines 11a-11d								
						1	1,212,603.	0.	95,	

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<u></u>	Check if Schedule O contains a response or note to any line in this Part IX							
		(A)	(B)	(C)	(D)			
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising			
70,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
	Compensation of current officers, directors,							
5		578,290.	482,963.	83,912.	11 /15			
	trustees, and key employees	570,290.	402,903.	03,912.	11,415.			
6	Compensation not included above to disqualified							
	persons (as defined under section $4958(f)(1)$) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	5,144,491.	4,361,420.	698,805.	84,266.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	133,341.	100,872.	28,429.	4,040.			
9	Other employee benefits	435,662.	389,040.	44,421.	2,201.			
10	Payroll taxes	421,160.	361,569.	52,694.	4,040. 2,201. 6,897.			
11	Fees for services (nonemployees):		·		•			
	Management							
		4 486		4,098.	388.			
		4,486. 49,161.		49,161.				
	Accounting	<u>+</u> , 101•		Ŧ, 101•				
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,			67 400	~~ ~ ~ ~			
	column (A) amount, list line 11g expenses on Sch 0.)	360,593.	273,135.	67,402. 335.	20,056.			
12	Advertising and promotion	8,354.	992.		20,056. 7,027. 279.			
13	Office expenses	173,747.	140,158.	33,310.	279.			
14	Information technology							
15	Royalties							
16	Occupancy	536,457.	388,450.	148,007.				
17	Travel	17,739.	17,347.	244.	148.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	14,789.	15,312.	-573.	50.			
		46.		46.				
20	Interest	- 0 -		-U-				
21	Payments to affiliates	189,054.	183,115.	5,939.				
22	Depreciation, depletion, and amortization	36,829.	27,920.	8,909.				
23		50,029.	47,920.	8,909.				
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 0.)							
а	EQUIPMENT AND MAINTENAN	99,480.	91,689.	7,791.				
b	MISCELLANEOUS	95,780.	90,330.	3,872.	1,578.			
с	BANK AND OTHER SERVICE	50,985.		43,558.	7,427.			
d	PRINTING AND POSTAGE	17,487.	1,944.	5,616.	9,927.			
е	All other expenses	27,774.	11,157.	14,085.	2,532.			
25	Total functional expenses. Add lines 1 through 24e	8,395,705.	6,937,413.	1,300,061.	158,231.			
26	Joint costs. Complete this line only if the organization	-	-	-	-			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

Form 990 (2020)

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PRS, INC. Part IX Statement of Functional Expenses

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

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,286,739.	1	868,494.
	2	Savings and temporary cash investments			13,193.	2	14,491.
	3	Pledges and grants receivable, net			70,021.	3	45,370.
	4	Accounts receivable, net			509,936.	4	667,673.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	is		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side some some som at der forma at alle some so			53,023.	9	54,475.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,736,435.			
	b	Less: accumulated depreciation		2,736,435. 1,630,086.	1,310,089.	10c	1,106,349.
	11	Investments - publicly traded securities	<u> </u>		1,995,506.	11	1,106,349. 2,564,703.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	104,450.	15	136,489.		
	16	Total assets. Add lines 1 through 15 (must equa			5,342,957.	16	5,458,044.
	17	Accounts payable and accrued expenses	515,725.	17	555,663.		
	18	Grants payable			18		
	19	Deferred revenue			141,933.	19	7,336.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			6,931.	21	6,835.
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abil		controlled entity or family member of any of thes	e persor	ıs		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	irties	1,045,885.	24	0.
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			652,089.	25	664,192.
	26	Total liabilities. Add lines 17 through 25			2,362,563.	26	1,234,026.
		Organizations that follow FASB ASC 958, che	ck here	► X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			2,728,960.	27	4,061,618. 162,400.
Ba	28	Net assets with donor restrictions			251,434.	28	162,400.
pur		Organizations that do not follow FASB ASC 98	58, chec	khere 🕨 🗌			
ц		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or	other funds		31	
Net	32	Total net assets or fund balances		L	2,980,394.	32	4,224,018.
	33	Total liabilities and net assets/fund balances			5,342,957.	33	5,458,044.

Form 990 (2020)

14581108 783690 0737.001

Form 990 (2020)
Part X Balance Sheet

PRS, INC.

Form	990 (2020) PRS, INC.	54-08	80899	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,157			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,395			
3	Revenue less expenses. Subtract line 2 from line 1	3	762			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,980			
5	Net unrealized gains (losses) on investments	5	481	.,4:	<u>33.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,224	.,01	18.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2 b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" 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?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	3a 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?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2020)

SCH	EDU	LE A
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Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

Internal nevel	Ide Service	Go to www.irs.gov	//Form990 for instruction	ons and th	ie latest ir	formation.		Inspection			
								identification numbe			
Part I	Reason for Public (All organizations must c	omplete th	nis part.) S	ee instructior		4-0880899			
	ization is not a private found										
1	A church, convention of ch			•)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3 🔛	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5	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.)										
e 🗔			antal unit described in	nantion 17	70/b)/4)/A)	()					
6 🗌 7 X	A federal, state, or local go	-					a gonoral r	aublic described in			
1 11	An organization that norma section 170(b)(1)(A)(vi). (C	•	illai part of its support if	on a gove	mmentar		le general p				
8	A community trust describe		1)(A)(vi) (Complete Par	• 11 \							
9	An agricultural research org				ad in coniu	inction with a	land-grant	college			
J	or university or a non-land-	-			-		-	-			
	university:	grant concyc or agrici			lame, ony	, and state of	the conege				
10	An organization that norma	ally receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from			
	activities related to its exen					-	•	•			
	income and unrelated busir										
	See section 509(a)(2). (Co		, , , , , , , , , , , , , , , , , , ,		•	, ,		,			
11	An organization organized a		vely to test for public saf	ety. See	section 50)9(a)(4).					
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in			
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
a	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving			
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting			
_	organization. You must o	complete Part IV, Se	ctions A and B.								
b	Type II. A supporting org	-				-		-			
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported			
	organization(s). You mus	• •									
с	J Type III functionally inte						ly integrate	ed with,			
a [its supported organization		-				tod organi-	ration(a)			
d	J Type III non-functionally						Ũ				
	that is not functionally int requirement (see instruct	•		-		-	i an allenin	7611655			
e	Check this box if the orga	,	•				II Type III				
•	functionally integrated, or					19901, 1990	n, rype m				
f Ente	er the number of supported of			0 0							
	vide the following information	•									
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions			
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

2020.05000 PRS, INC.

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Schedule A (Form 990 or 990-EZ) 2020 PRS, INC.

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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 fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar 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.")	4533368.	5071180.	5213422.	6135293.	7849616.	28802879.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	343,769.	355,004.	310,043.	345,558.	355,925.	1710299.	
4	Total. Add lines 1 through 3	4877137.	5426184.	5523465.	6480851.	8205541.	30513178.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						30513178.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	4877137.	5426184.	5523465.	6480851.	8205541.	30513178.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	51,743.	61,092.	73,122.	87,630.	61,796.	335,383.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	8,497.	1042320.	5,792.			1056609.	
11	Total support. Add lines 7 through 10						31905170.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 7	,423,380.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.64 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>94.93 %</u>	
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	$\ensuremath{ \text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				►X	
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟	
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟	
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►	
	Schedule A (Form 990 or 990-EZ) 2020							

Schedule A (Form 990 or 990-EZ) 2020 PRS , LNC	orm 990 or 990-EZ) 2020 PRS , INC .
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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) 🕨	(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 per- formed, 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 series 512						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar 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						
c 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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
check this box and stop here	<u></u>					
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019 Section D. Computation of Inves					16	%
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
032023 01-25-21				Sc	hedule A (Form 99	0 or 990-EZ) 2020
		15	•			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990 or 990-EZ) 2020

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			× 1	
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vee	Na
4	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		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	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (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	w.
---	--	------------------	---------------	----------------	-----------	----------------	-----------------------	----

с		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a governmental e	entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	--------------------------------	------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A	(Form 990 or 990-EZ) 2020	PRS, 1	INC.	
Part V	Type III Non-Functio	nally Inte	egrated 509(a)(3)	Supporting Organizations

1	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 mus	t complete	Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Forn	n 990 or 99	0-EZ) 2020	PRS,	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			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)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years			_	
<u>h</u>	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: \$			_	
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. 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:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI Supplemental Informat	tion	D · ·
Schedule A (Form 990 or 990-EZ) 2020 PI		

	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, 5 Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P	, Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
2028 01-25-2	21		Schedule A (Form 990 or 990-EZ) 202
		20	

Schedule B

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

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

2020

Name of the organization	Employer identification number	
P	RS, INC.	54-0880899
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou Z, line 1. Complete Parts I and II.	or 16b, and that received from
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6 (b) instead of the contributor name and address), II, and III.	cientific,
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled no bere the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the General Rule applies to this organization because it bole, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
0	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F	, , ,, ,,

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
Name of o	organization		Employer identification number
PRS,	INC.		54-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$ <u>2,986,1</u>	64. Person X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$1,045,8	85. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$835,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4_		\$ <u>680,9</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$605,1	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$300,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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Page **2**

	B (Form 990, 990-EZ, or 990-PF) (2020)	[Page 2
Name of o	rganization	Empl	oyer identification number
PRS,	INC.	54	4-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$210,374.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$ \$	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

0737.001

-	rganization		Emplo	yer identification number	
PRS,	INC.		54	-0880899	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
<u>13</u>		\$27,1	86.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
14		\$25,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
15_		\$20,3	<u>89.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
16		\$10,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
<u> 17</u>		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
18_		\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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

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

	B (Form 990, 990-EZ, or 990-PF) (2020)	[]	Page 2
Name of o	rganization	Emp	loyer identification number
PRS,	INC.	5	4-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colsp
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)

0737.001

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of or	rganization		Employer identification number
PRS, I	INC.		54-0880899
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Liste received
		\$	
023453 11-25	i-20	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	ganization		Employer identification number		
PRS, I	INC .		54-0880899		
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou	(a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations		
(a) No.	Use duplicate copies of Part III if addition				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		-			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
023454 11-25-	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020		

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Department of the Treasury Internal Revenue Service

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



Nam	e of the organization PRS , INC .			Employer identification number 54-0880899		
Pa		unds or Other S	imilar Funds or			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advise	d funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
2	Aggregate value of grants from (during year)					
4						
	Aggregate value at end of year Did the organization inform all donors and donor advisors in writin	a that the second he	ld in depar advised f	undo		
5	-	-				
6	are the organization's property, subject to the organization's exclu					
6	Did the organization inform all grantees, donors, and donor adviso for charitable purposes and not for the benefit of the donor or dor			-		
		,	, , ,	°		
Pa	impermissible private benefit? t II Conservation Easements. Complete if the organiz	ation answered "Ve	e" on Form 990 Part			
1	Purpose(s) of conservation easements held by the organization (cl		s officini 550, r art			
•	Preservation of land for public use (for example, recreation of			istorically important land area		
	Protection of natural habitat		7	ertified historic structure		
	Preservation of open space					
0		anage ation contribu	ution in the form of a	concernation accompant on the last		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contrib	ation in the form of a			
_	day of the tax year.			Held at the End of the Tax Year		
a L	Total number of conservation easements					
b						
C I	Number of conservation easements on a certified historic structur			2c		
d	Number of conservation easements included in (c) acquired after in the Netional Register	,				
~	listed in the National Register					
3	Number of conservation easements modified, transferred, release	a, extinguished, or t	erminated by the org	anization during the tax		
4	year	nt is located				
4	Number of states where property subject to conservation easeme		ing langelling of			
5	Does the organization have a written policy regarding the periodic		· -	Yes No		
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand		d opforoing oppopu			
6		ining of violations, a		ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and on	forcing conservation	assemants during the year		
'	Amount of expenses incurred in monitoring, inspecting, nanding to \$		ording conservation	easements during the year		
8	Does each conservation easement reported on line 2(d) above sat	isty the requirement	a of a sting $170(h)(4)$			
0		, i				
9	In Part XIII, describe how the organization reports conservation ea					
9	balance sheet, and include, if applicable, the text of the footnote t					
	organization's accounting for conservation easements.	o the organization s	Interioral Statements	that describes the		
Pa	t III Organizations Maintaining Collections of Art	. Historical Tre	asures, or Other	r Similar Assets.		
	Complete if the organization answered "Yes" on Form 990					
1a	If the organization elected, as permitted under FASB ASC 958, no		enue statement and t	palance sheet works		
	of art, historical treasures, or other similar assets held for public ex	·				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, to			nce sheet works of		
	art, historical treasures, or other similar assets held for public exhi	•				
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasure					
-	the following amounts required to be reported under FASB ASC 9		-	, թ		
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for		<u></u>	Schedule D (Form 990) 2020		

032051 12-01-20

Sche	dule D (Form 990) 2020 PRS , IN						<u>54-08</u>			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 1	reasures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of tl	ne following that	make sigr	nificant u	ise of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or 🤅	exchange progra	ım					
b	Scholarly research	e	• 🗌 Other _							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tr	easures, or othe	r similar as	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	ation answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							٦	77	1
	on Form 990, Part X?						∟	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
с.	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e 1f				
f	Ending balance Did the organization include an amount on F						X	Yes		No
	If "Yes," explain the arrangement in Part XIII.					·		165	X]
Par]
	Complete	(a) Current year	(b) Prior year				ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) our one your	(b) The year			y 11100 y			y our or	Suon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, columr	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	ed for the	organiza	ition	-		
	by:								Yes	No
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations 3a(ii)									
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere			I						
	Description of property	(a) Cost or o	• • •	ost or other	• •	cumulate	d	(d) Book	value	•
		basis (investr	nenu ba	sis (other)	depr	eciation		E 7	6	5.0
	Land			57,660.	Er	57 20	22		,66	
	Buildings			794,240.		57,38			, 85	
	Leasehold improvements					<u>46,70</u> 01,42			, 27	
	Equipment			441,622. 163,867.		01,42 24,51		20	19 1, 19 1, 35	<u>, 7.</u>
	Other							$\frac{39}{1,106}$		
<u>i ota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (B), lin</u>	<u>e 10c.)</u>	<u></u>			т,тос	, 54	±フ・

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Colymn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED RENT	421,429.
(3)	DEFERRED TENANT ALLOWANCE	142,240.
(4)	DEFERRED COMPENSATION	100,523.
(5)		
(6)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2020

►

664,192.

032053 12-01-20

(7) (8) (9)

Sche	dule D (Form 990) 2020 PRS , INC . 5	54-(0880899 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	10,203,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 481,433.		
b	Donated services and use of facilities 2b 514,342.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	995,775.
3	Subtract line 2e from line 1	3	9,207,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b49,481.		
с	Add lines 4a and 4b	4c	-49,481.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,157,896.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	əturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,959,528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 514,342.		
b	Prior year adjustments		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 49,481.		
е	Add lines 2a through 2d	2e	563,823.
3	Subtract line 2e from line 1	3	8,395,705.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,395,705.
Pa	rt XIII Supplemental Information.		

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

PART IV, LINE 2B:

PRS HOLDS CASH ON BEHALF OF RECOVERY ACADEMY CLIENTS FOR PARTICIPATION IN

ACTIVITIES THAT REQUIRE A FEE. THESE FUNDS ARE EXCLUSIVELY HELD FOR THE

CLIENTS AND ARE NOT AVAILABLE FOR USAGE BY PRS.

PART V, LINE 4:

PRS HOLDS DONATIONS WHICH HAVE BEEN SUBJECTED TO DONOR-IMPOSED

RESTRICTIONS IN SUPPORT OF PARTICULAR PROGRAM ACTIVITIES OR TIME

RESTRICTIONS.

PART X, LINE 2:

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS

032054 12-01-20

Schedule D (Form 990) 2020

REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS: RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES -18,627. RECLASSIFICATION OF LOSS ON DISPOSAL OF ASSETS -30,854. TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,481.

PART XII, LINE 2D - OTHER ADJUSTMENTS: RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES 18,627. RECLASSIFICATION OF LOSS ON DISPOSAL OF ASSETS 30,854. 49,481.

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	raisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
Department of the Treasury		Attach to Form 99	90 or Foi	m 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for ins	truction	s and	the latest informati	on.	E	Inspection
Name of the organization	PRS, IN						54-088	
	complete this part	Complete if the organization answ t.	wered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, Pa) highest paid indiv	ed funds through any of the follow e Solici f Solici g Speci or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pure	tation of tation of ial fundra al (incluc professi	non-g gover ising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Y	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	istody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by fundraiser sted in col. (i)	
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solici	t contrib	utions	or has been notified	l I it is	exempt from	registration
					-	0	44.0 (7	
LHA For Paperwork R	eauction Act Noti	ice, see the Instructions for Form	1 990 or	990-E	Z	sche	aule G (Form	990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 PRS, INC.

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

			(a) Event #1 SPRINGTOPIA: A SEASON OF	(b) Event #2 ANNUAL GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	341,837.	26,670.		368,507
	2	Less: Contributions	320,931.	21,853.		342,784
	3	Gross income (line 1 minus line 2)	20,906.	4,817.		25,723
	4	Cash prizes	3,900.	2,850.		6,750
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses		588.		11,877
		Direct expense summary. Add lines 4 throug			►	18,627
	rt I	Net income summary. Subtract line 10 from		000 Det N/ Key 40		7,096
a			n answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1.) Dull take (instant		()) Tatal manain a (ad
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
Hevenue				biligo/progressive biligo		
ē		_				
+	1	Gross revenue				
ses	2	Cash prizes				
Expenses		Cash prizes				
UIRECT EXPENSES						
Ulrect Expenses	3 4	Noncash prizes				
Direct Expenses	3 4	Noncash prizes		%	Yes %	
Direct Expenses	3 4 5	Noncash prizes		□ Yes% □ No	☐ Yes %	
Ulrect Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No		No	
DIFECT EXPENSES	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug		No	<u>No</u> No ►	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No	<u>No</u> No ►	
	3 4 5 6 7 8	Noncash prizes	Yes % No gh 5 in column (d) 7 from line 1, column (d)	No	<u>No</u> No ►	
•	3 4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d)	No	No ►	
a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No ►	
a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No ►	
) a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	No ►	
a b	3 4 5 6 7 8 En ⁻ 9 1 Ist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond the organization licensed to conduct gaming	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	States?	No	Yes N
a b	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Noncash prizes	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or term	states?	No	Yes N
ab	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Noncash prizes	Yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or term	states?	No	Yes N

Schedule G (Form 990 or 990-EZ) 2020 PRS, INC.	54-0880899 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13 a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name 🕨	
······································	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
bes the organization have a contract with a third party north whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	amount
of gaming revenue retained by the third party \triangleright \$	anount
c If "Yes," enter name and address of the third party:	
c in res, enter name and address of the third party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spin	ent in the
organization's own exempt activities during the tax year s	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
032083 11-25-20 Sche	dule G (Form 990 or 990-EZ) 2020

100111	nucu)	
		Schedule G (Form 990 or 990-EZ)

032084 04-01-20

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SC	HEDULE J	Compensatio	n Information		OMB No. 1	545-004	17
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2020		<u> </u>
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)
Depa	tment of the Treasury	Complete if the organization answere Attach to			Open to Public		
	al Revenue Service		Inspe				
Nam	ne of the organization	Employer id			nber		
		PRS, INC.		54-08	880899	9	
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the fo	• ·	990,			
		line 1a. Complete Part III to provide any relevant info					
	First-class or c		Housing allowance or residence for persor				
	Travel for companions Payments for business use of personal residen						
			Health or social club dues or initiation fees				
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chef)			
-							
b	•	on line 1a are checked, did the organization follow a					
•		rovision of all of the expenses described above? If			1b		
2	-	require substantiation prior to reimbursing or allow					
	trustees, and office	s, including the CEO/Executive Director, regarding	the items checked on line 1a?		2	_	
2	ladiaatakiala if a						
3	,	y, of the following the organization used to establish					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
		tion of the CEO/Executive Director, but explain in P					
	X Compensation committee						
		·	Compensation survey or study				
	X Form 990 of o	ner organizations	Approval by the board or compensation co	ommittee			
4	During the year die	any person listed on Form 990 Part VII Section A	line 1a with respect to the filing				
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	-	e payment or change-of-control payment?			4a		х
h		eive payment from a supplemental nonqualified retil	rement plan?				X
c c	-						X
U	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the orga		n			
-	contingent on the r		, , <u></u> , compondation				
а	-				5a		Х
		ation?					Х
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	anization pay or accrue any compensation	n			
	contingent on the r						
а	The organization?	-			6a		Х
b		ation?					Х
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	anization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			. 7		Х
8		reported on Form 990, Part VII, paid or accrued pur					
		ption described in Regulations section 53.4958-4(a)			8		Х
9		d the organization also follow the rebuttable presun					
		53.4958-6(c)?			. 9		
LHA		eduction Act Notice, see the Instructions for Forr			ıle J (Form	1 990)	2020

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54-0880899

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANNE WENDY GRADISON) 222,166.	13,054.	0.	10,177.	8,583.	253,980.	0.
FORMER CHIEF EXECUTIVE OFFICER - RET	i) 0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH GETCH () 174,289.	14,988.	0.	8,953.	0.	198,230.	0.
CHIEF EXECUTIVE OFFICER (i	i) 0.	0.	0.	0.	0.	0.	0.
(3) MARY BROWN () 153,810.	9,054.	0.	6,923.	0.	169,787.	0.
CHIEF CLINICAL OFFICER (i	•	0.	0.	0.	0.	0.	0.
()						
(i	i)						
()						
(i	i)						
()						
(i	i)						
()						
(i	i)						
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(i	i)						
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(i	i)						
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(i	i)						

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



54-0880899

PRS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEHAVIORAL HEALTH CONDITIONS OR FACING A CRISIS. PRS PROVIDES AN ARRAY

OF SERVICES INCLUDING SKILL TRAINING, SUPPORT, AND SUICIDE PREVENTION.

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

PEER PROGRAM: PEER SUPPORT SERVICES ARE PROVIDED BY INDIVIDUALS WHO

HAVE LIVED EXPERIENCE AND ARE SUCCESSFUL IN THEIR RECOVERY. PEERS USE

THAT LIVED EXPERIENCE TO PROVIDE EMOTIONAL, AFFILIATION, INSTRUMENTAL,

AND INFORMATIONAL SUPPORT FOR OTHERS IN THEIR OWN RECOVERY JOURNEY. AT

PRS, PEERS ARE EMBEDDED WITHIN CLINICAL PROGRAMS AND IN INDEPENDENT

PROGRAMS SERVING AS PARAPROFESSIONALS - UTILIZING THEIR LIVED

EXPERIENCE AND TRAINING TO WORK ALONGSIDE TREATMENT TEAMS. FAMILY PEER

SUPPORT SERVICES ARE PROVIDED BY A PARENT OR GUARDIAN, WITH LIVED

EXPERIENCE NAVIGATING THE BEHAVIORAL HEALTH AND MENTAL HEALTH SYSTEM

FOR THEIR CHILD. FAMILY PEERS UTILIZE THAT EXPERIENCE TO SUPPORT OTHER

FAMILIES IN THE COMMUNITY NAVIGATING THE SYSTEMS OF CARE AND FACING

SIMILAR CHALLENGES. DURING THE YEAR, PRS SERVED APPROXIMATELY 609

INDIVIDUALS AND FAMILIES THROUGH THESE PROGRAMS.

EXPENSES \$ 574,007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

 PRS
 PROVIDES
 SEVERAL
 OTHER
 CRITICAL
 COMMUNITY
 SERVICES.
 THE
 COORDINATED

 SPECIALTY
 (CSC)
 PROGRAM
 IS
 A
 RECOVERY-ORIENTED
 TREATMENT
 PROGRAM
 FOR

 YOUTH
 AND
 YOUNG
 ADULTS
 WITH
 FIRST
 EPISODE
 PSYCHOSIS.
 CSC
 OFFERS
 SKILL

 TEACHING,
 CASE
 MANAGEMENT,
 SUPPORTED
 EMPLOYMENT,
 SUPPORTED
 EDUCATION,

 FAMILY
 EDUCATION
 AND
 SUPPORT,
 PEER
 SUPPORT
 AND
 PSYCHIATRIC
 SERVICES.

 THE
 COMMUNITY
 HOUSING
 PROGRAM
 PROVIDES
 NON-TIME-LIMITED
 HOUSING
 AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization PRS / INC •	Employer identification number 54-0880899
END, INC.	<u> </u>
SUPPORT TO HELP CLIENTS LIVE AS INDEPENDENTLY AS POSSIBLE	. RESIDENTS
THE TH ONE OF THE HOHATNA REALDENCES SUPPORTED BY DRA	
LIVE IN ONE OF THE HOUSING RESIDENCES SUPPORTED BY PRS.	PRS ALSO

SERVED APPROXIMATELY 71 INDIVIDUALS THROUGH THESE PROGRAMS.

EXPENSES \$ 832,232. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21,715.

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

A COMPLETE COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS. BOARD MEMBERS, UPON THEIR REVIEW, DIRECT QUESTIONS TO THE CHIEF OPERATING OFFICER. AFTER ALL QUESTIONS HAVE BEEN RESPONDED TO, THE BOARD OF DIRECTORS IS ASKED TO ACCEPT THE 990, AND FOLLOWING ITS ACCEPTANCE, THE 990 IS SUBMITTED TO THE IRS.

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

PRS MAINTAINS OPEN COMMUNICATION BETWEEN DIRECTORS AND EMPLOYEES; FURTHERMORE, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE MADE AWARE OF NEW BUSINESS RELATIONSHIPS AS THEY ARE CONTRACTED. WHEN POTENTIAL CONFLICTS ARE DISCOVERED, TOP MANAGEMENT ASSESSES THE SITUATION. IF A CONFLICT EXISTS, THE PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION. A CONFLICT OF INTEREST DISCLOSURE SURVEY IS ADMINISTERED TO BOARD MEMBERS AND KEY EMPLOYEES.

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

 PRS' CEO COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION FOR THE CEO

 UTILIZING COMPARABLE INDUSTRY ORGANIZATIONAL DATA AND PERFORMANCE. THE

 COMMITTEE THEN RECOMMENDS COMPENSATION ADJUSTMENTS FOR THE CEO TO THE

 BOARD. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE'S

 032212 11-20-20

14581108 783690 0737.001

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
PRS, INC.	54-0880899

MEETINGS MINUTES. COMPENSATION FOR OTHER KEY EMPLOYEES IS DETERMINED BY THE

CEO BASED ON AN ASSESSMENT OF PERFORMANCE AND REVIEWED BY THE HUMAN

RESOURCES DIRECTOR. PRS MAINTAINS AN ESTABLISHED PAY SCALE SYSTEM FOR ALL

AGENCY POSITIONS WHICH IS MODIFIED AS NEEDED BASED ON A REGULAR REVIEW OF

INDUSTRY DATA.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY OF REVIEWING THE AUDITED

FINANCIAL STATEMENTS AND SELECTING THE INDEPENDENT ACCOUNTANTS. NO

CHANGE IN PROCEDURE WAS MADE DURING THE FISCAL YEAR.

032212 11-20-20