			** PUBLIC DISCLOSURE COPY			
	Ω	00	Return of Organization Exempt From			OMB No. 1545-0047
For	m 🕈	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (exce	ept private foundations)	2021
Den	artment	of the Treasurv	Do not enter social security numbers on this form as it r	-	-	Open to Public
Inte	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
<u>A</u>	For th			ng J	UN 30, 2022	
В	Check if applicat	C Name of	organization		D Employer identifica	tion number
	Addr		TNC			
F	Chan	e D i i	INC.		54-0880899	c
F]chan	ĭ	and street (or P.O. box if mail is not delivered to street address)	v/cuito	E Telephone number	,
F	returr Final	1045	5 WHITE GRANITE DR 400		703-531-63	392
L	lreturi termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,156,676.
	Amer	nded ON VOR	ON, VA 22124		H(a) Is this a group retu	
	Appli tion		nd address of principal officer: JOSEPH GETCH		for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates inclu	
		empt status:		527	If "No," attach a lis	t. See instructions
			PRSINC.ORG		H(c) Group exemption r	
		of organization:	X Corporation	Year c	of formation: 1963 M s	State of legal domicile: VA
Р	art I	Summary				
đ	1		e the organization's mission or most significant activities: LIFE CH			
and			S ARE PROVIDED TO INDIVIDUALS AND FAM			
ern	2	Check this bo				s. 15
Governance	3		ing members of the governing body (Part VI, line 1a)			15
			of individuals employed in calendar year 2021 (Part V, line 2a)			298
ties	6		of volunteers (estimate if necessary)			131
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ā	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)		7,849,616.	11,053,983.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		1,212,603.	1,460,847.
ev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)		58,996.	227,601.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,681.	-7,534.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,157,896.	12,734,897.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		6,712,944.	8,235,715.
Sec.	15	Salaries, other	r 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) ► 215,443.		0,712,944.	0,235,715.
Exnenses		Total fundraisi	and raising rees (Part IX, column (A), line (Te) 215 443.			
Ĕ	i 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,682,761.	2,148,172.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,395,705.	10,383,887.
	19		expenses. Subtract line 18 from line 12		762,191.	2,351,010.
or					ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		5,458,044.	7,358,160.
t Assets or	21		(Part X, line 26)		1,234,026.	1,380,054.
Ne	22		fund balances. Subtract line 21 from line 20		4,224,018.	5,978,106.
	art II					
	-		I declare that I have examined this return, including accompanying schedules and s			lowledge and belief, it is
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer I	has any knowledge.	

Sign Here	Signature of officer JOSEPH GETCH, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
	Print/Type preparer's name Preparer's signature Date	
	ANDREW E. YOUNG, CPA ANDREW E. YOUNG, CPA Firm's name RENNER & COMPANY, CPA, P.C.	self-employed ₽01203950 Firm's EIN ► 54-1498950
Preparer	Firm's address 700 NORTH FAIRFAX ST, SUITE 400	
Use Only	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
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	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
2	
	prior Form 990 or 990-EZ?
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.
1	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.
la	(Code:) (Expenses \$ 2,315,305. including grants of \$) (Revenue \$ 912,271.
	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 609 INDIVIDUALS - 283 IN
	EMPLOYMENT SERVICES AND 326 IN MHSS.
1b	(Code:) (Expenses \$1,696,469. including grants of \$) (Revenue \$495,049.
	PSYCHOSOCIAL REHABILITATION DAY PROGRAM: PROVIDES CURRICULUM-BASED DAY
	PROGRAMS THAT PROMOTE MOVEMENT OUT OF PRS' FACILITY-BASED PROGRAMMING
	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 161 INDIVIDUALS WITHIN ITS THREE DAY
	PROGRAMS.
łc	(Code:) (Expenses \$3,003,068. including grants of \$) (Revenue \$) (Revenue \$)
	CRISISLINK PROGRAM: BRINGS IMMEDIATE HELP, HOPE AND HEALING TO EMPOWER
	INDIVIDUALS FACING SERIOUS LIFE CHALLENGES, SUICIDAL THOUGHTS, AND
	EMOTIONAL OR SITUATIONAL PROBLEMS THROUGH PROGRAMS INCLUDING: 24/7
	CRISIS & SUICIDE PREVENTION HOTLINE, CRISIS TEXTLINE AND CHATLINE. PRS
	IS PART OF THE 988 SUICIDE AND CRISIS LIFELINE NETWORK - ANSWERING
	CALLS IN VIRGINIA, AND NATIONALLY AS A NATIONAL BACK-UP CENTER AND CORE
	CHAT CENTER. PRS ALSO SERVES AS THE REGIONAL CRISIS CALL CENTER IN FOUR
	OLIVIE THE THE THE RECEIPTE CREETE CHIER IN FOR
	OF THE FIVE HEALTH PLANNING REGIONS (HPRS) IN THE COMMONWEALTH OF
	OF THE FIVE HEALTH PLANNING REGIONS (HPRS) IN THE COMMONWEALTH OF
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PRS, INC.

Form 990 (2021)

Form	990 (2021) PRS, INC. 54-0880	899	P	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)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u></u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ũ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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, VII, 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	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	<u> </u>		
IZd		12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u> .		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	: 12-09-21	Form	990	(2021)

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³ 2021.05000 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J	25		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
	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	<u> </u>		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations: <i>IF Yes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		
32		32		v
22	Schedule N, Part II	<u></u>		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	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			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	10		
	(gamoing) withings to prize withers:	1c		(

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	PRS,	INC.
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Form 990 (2021)

	990 (2021) PRS, INC. 54-088)899	Р	_{age} 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
	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 298	-	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	0-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a Oh		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	10		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country			
		5a		х
	Vias the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
		50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
		6a		x
	any contributions that were not tax deductible as charitable contributions?	Ua		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	
		7b	X	
	If "Yes," did the organization notity the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
d	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
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	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.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
132005	12-09-21 5	Form	1990	(2021)

2021.05000 PRS, INC.

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 i			nd for a '	"No" r	espor	7:
	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	<u></u>		<u></u>	<u></u>		-
Sec	tion A. Governing Body and Management						-
		Ι.	I	1 5 [Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1 5			
-	Enter the number of voting members included on line 1a, above, who are independent			15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	-	•				
	officer, director, trustee, or key employee?			·····	2		-
3	Did the organization delegate control over management duties customarily performed by or under th	ie direct	supervision	'			
					3		-
4	Did the organization make any significant changes to its governing documents since the prior Form			Г	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		-
6	Did the organization have members or stockholders?				6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	lders, or				
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	e following:				
	The governing body?				8a	Х	-
b	Each committee with authority to act on behalf of the governing body?				8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				•
				ſ		Yes	•
10a	Did the organization have local chapters, branches, or affiliates?				10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ind	dependent				
	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 on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	ith a				
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	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						
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{DC}$, MD , VA						
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	-T (section 5	01(c)(3)s	only)	availa	ı
17 18					•		
	for public inspection. Indicate how you made these available. Check all that apply.						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Other (explain the second sec	n on Sc	hedule ()				
	X Own website Another's website X Upon request Other (explai		,	licy, and	financ	cial	
18	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the second		,	licy, and	financ	cial	
18	X Own website X Another's website X Upon request Other (explained in the control of the control	onflict o	f interest po		financ	cial	
18 19	X Own website X Another's website X Upon request Other (explain the constraints) Describe on Schedule O whether (and if so, how) the organization made its governing documents, constants available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of the person who possesses the organization's boots and telephone number of telephone number	onflict o	f interest po		financ	cial	
18 19	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo PRS, INC. / JOSEPH GETCH - (703)536-9000	onflict o	f interest po		financ	cial	
18 19 20	XOwn website X Another's website X Upon requestOther (explainDescribe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's boPRS, INC. / JOSEPH GETCH - (703) 536 - 9000	onflict o oks anc	f interest po			5 ial 990	

Form 990 (2021	PRS, INC.	54-0880899 Page 7
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, High	est Compensated
Em	nployees, and Independent Contractors	
Che	eck if Schedule O contains a response or note to any line in this Part VII	
Section A. Of	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete th	nis table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH GETCH	40.00		_			<u> </u>				
CHIEF EXECUTIVE OFFICER				х				196,479.	Ο.	9,240.
(2) MARY BROWN	40.00									
CHIEF CLINICAL OFFICER					Х			153,810.	0.	6,923.
(3) LAKEISHA KENNEDY-FLORES	40.00									
CHIEF OPERATING OFFICER						X		126,321.	0.	6,000.
(4) VIRGINIA TISCHNER	40.00									
DIR. OF HUMAN RESOURCES						X		114,212.	0.	10,893.
(5) BRIAN SHOW	40.00									
CHIEF FIN. & ADMIN. OFFICER						X		111,328.	0.	5,803.
(6) LAURA CLARK	40.00									
SR. CRISISLINK PROGRAM DIR.						X		102,392.	0.	4,989.
(7) NOVA WASHINGTON	40.00									
REG. DIR. OF EMPLOYMENT SERVICES						X		101,527.	0.	4,940.
(8) ROBERT STURM	1.00									
CHAIR	1 00	Х		Х				0.	0.	0.
(9) LEN WOLF	1.00								0	0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(10) LIZ CLARK	1.00								•	•
PAST CHAIR	1 00	Х		Х				0.	0.	0.
(11) PAUL DI VITO	1.00							0	0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(12) PAUL EVANS	1.00							0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) MELISSA GARCIA BOARD MEMBER	1.00	x						0.	0.	0.
(14) BRIAN GARNER	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) LINDA LANG	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) DANNI LEIFER	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(17) PAUL MCQUILLAN	1.00							0.	0.	0.
BOARD MEMBER	<u> </u>	x						0.	0.	0.
132007 12-09-21	1	- 23	l		I	1	l		0.	Form 990 (2021)

132007 12-09-21

Form **990** (2021)

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	990 (2	2021)	PRS,	INC.									54-08	<u>380</u>	<u>899</u>	Pa	age 8
Par	t VII	Section A. Offic	cers, Direct	ors, Trust	ees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and	title		(B) Average hours per week (list any	box offi	not c , unle icer ar	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n 1	am	(F) timate nount o other pensat	of
					hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fro orga and	om the anizati d relate anizatio	e ion ed
	BRIA D MEM	N MEADOWS IBER			1.00	x						0.		0.			0.
	JOSH D MEM	MONTGOMERY BER			1.00	x						0.		0.			0.
	LAUR D MEM	EN SHIELDS BER			1.00	x						0.		0.			0.
	TRAC	I SLIVINSKI BER			1.00	x						0.		0.			0.
	KATE D MEM	ROBBINS			1.00	x						0.		0.			0.
						_											
						-											
	Out	-4-1										906,069.		0.	1	8,78	2.8
с	Total	from continuat	ion sheets t	o Part VII	, Section A							0. 906,069.		0.		8,78	0.
d 2	Total	(add lines 1b and number of indivi ensation from the	duals (incluc	ling but no							o re	ceived more than \$100,0	000 of reportable		40	5,70	7
3	Did th	ne organization li	st any form e	er officer,	director, trust	ee, ł	key e	emple	oye	e, or	hig	hest compensated empl	oyee on	ĺ		Yes	No
4												ner compensation from th			3		X
5												or such individual ed organization or individ	ual for services		4	X	
Sec		red to the organ Independent C		<u>(es, " com</u>	plete Schedul	e J f	or sı	ich r	bers	on .				<u></u>	5		X
1			-	-	-	-						nat received more than \$ the organization's tax ye		pensat	tion fro	m	
			Name and	(A) business	address	N	ONE	2				(B) Description of s	ervices	С	(C Comper		า
2	Total	number of indep	endent cont	ractore (in	ucluding but a	ot lir	nitor	1 to 1	thee		hed	above) who received mo	re than				
-		000 of compens			•		met	0 1			eu		no uiali		Form	990 (*	2021)
																- 14	

	990 (; t VII					54-0880	899 Pag
		Check if Schedule O contains a response or r	note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
Ś	1 a	Federated campaigns 1a					
un							
and Other Similar Amounts	с	Fundraising events 1c	291,715.				
ar /	d	Related organizations 1d					
Ē	е	Government grants (contributions) 1e 1	0,473,187.				
Š	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	289,081.				
0	g	Noncash contributions included in lines 1a-1f	37,114.				
an	h	Total. Add lines 1a-1f	>	11,053,983.			
			usiness Code				
	2 a		00099	1,370,194.	1,370,194.		
e	b		00099	53,527.	53,527.		
ent	с	CONSUMER FEES	00099	37,126.	37,126.		
Revenue	d						
	е						
		All other program service revenue		1 460 947			
╉		Total. Add lines 2a-2f		1,460,847.			-
	3	Investment income (including dividends, interest,		120,589.			120,58
	4	other similar amounts)		120,305.			120,50
	4 5	Income from investment of tax-exempt bond proc	eeus				
	5	Royalties	ii) Personal				
	6 a						
		Rental income or (loss) 6c 26,400.					
		Net rental income or (loss)		26,400.			26,40
		Gross amount from sales of (i) Securities	(ii) Other	, -			,
	<i>.</i> .	assets other than inventory 7a 488,291.					
	b	Less: cost or other basis					
2	-	and sales expenses					
	с	Gain or (loss) 7c 107,012.					
		Net gain or (loss)	►	107,012.			107,01
		Gross income from fundraising events (not					
		including \$ 291,715. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	6,566.				
	b	Less: direct expenses 8b	40,500.				
	с	Net income or (loss) from fundraising events	►	-33,934.			-33,93
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	>				
	44 -	B	usiness Code				
an	11 a						
Revenue	b						
Be	с с						
		All other revenue					
		Total. Add lines 11a-11d		12,734,897.	1,460,847.	0.	220,06
	12	Total revenue. See instructions	····· 🔽 📘	, ', ', ', ', ', ', ', ', ', ', ', ', ',	-,=00,0=/.	J	Form 990 (20

9 2021.05000 PRS, INC.

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
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								
5	Compensation of current officers, directors,	100 115							
	trustees, and key employees	420,417.	352,550.	58,055.	9,812.				
6	Compensation not included above to disqualified								
	persons (as defined under section $4958(f)(1)$) and								
	persons described in section 4958(c)(3)(B)				100 400				
7	Other salaries and wages	6,641,567.	5,806,559.	725,581.	109,427.				
8	Pension plan accruals and contributions (include	124 002	105 241		4 000				
	section 401(k) and 403(b) employer contributions)	134,993.	105,341.	24,753.	4,899.				
9	Other employee benefits	485,534.	439,052.	41,924.	4,558.				
10	Payroll taxes	553,204.	490,238.	54,289.	8,677.				
11	Fees for services (nonemployees):								
	Management	2 0 2 0		2 5 2 1	200				
b	0	<u>3,929</u> . 33,071.		<u>3,531.</u> 33,071.	398.				
	Accounting	55,071.		33,071.					
d	Lobbying								
e	3								
f	Investment management fees								
g		583,442.	316,590.	222,368.	44,484.				
40	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	9,940.	829.	222,300.	9,111.				
12 13	Office expenses	387,619.	319,136.	68,327.	156.				
13 14	Information technology	507,015.	515,150.	00,527.	130.				
15	Royalties								
16	Occupancy	528,301.	376,504.	151,797.					
17	Travel	40,053.	38,482.	1,507.	64.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	25,869.	19,102.	6,567.	200.				
20	Interest	1,253.		1,253.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	166,248.	160,177.	6,071.					
23	Insurance	40,149.	30,966.	9,183.					
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	154,327.	134,353.	19,974.					
b	BANK AND OTHER SERVICE	66,497.		58,671.	7,826.				
с	MISCELLANEOUS	51,767.	36,700.	12,588.	2,479.				
d	STAFF APPRECIATION	18,029.	10,703.	7,326.					
е	All other expenses	37,678.	16,883.	7,443.	13,352.				
25	Total functional expenses. Add lines 1 through 24e	10,383,887.	8,654,165.	1,514,279.	215,443.				
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)								

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Form 990 (2021)

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).

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		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			868,494.	1	2,572,966.
	2	Savings and temporary cash investments			14,491.	2	47,271.
	3	Pledges and grants receivable, net			45,370.	3	37,019.
	4	Accounts receivable, net			667,673.	4	1,388,702.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	intial co	ntributor, or 35%			
		controlled entity or family member of any of these	e persor	IS		5	
	6	Loans and other receivables from other disqualified	ed perso	ons (as defined			
		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				54,475.	9	52,417.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,772,607.			
	b	Less: accumulated depreciation	10b	2,772,607. 1,796,334.	1,106,349.	10c	976,273.
	11	Investments - publicly traded securities			2,564,703.	11	976,273. 2,162,259.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	136,489.	15	121,253.		
	16			5,458,044.	16	7,358,160.	
	17	Accounts payable and accrued expenses			555,663.	17	754,047.
	18	Grants payable			18		
	19	Deferred revenue			7,336.	19	8,101.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P			6,835.	21	6,084.
Liabilities	22	Loans and other payables to any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these	e persor	is		22	
	23	Secured mortgages and notes payable to unrelate	ed third	parties		23	
Liabiliti	24	Unsecured notes and loans payable to unrelated	third pa	irties		24	
	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		L	664,192.	25	611,822.
	26	Total liabilities. Add lines 17 through 25			1,234,026.	26	1,380,054.
		Organizations that follow FASB ASC 958, chec	k here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27			······	4,061,618.	27	5,798,796.
Ba	28	Net assets with donor restrictions		L	162,400.	28	179,310.
pun		Organizations that do not follow FASB ASC 95	8, chec	khere 🕨 📃			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			4,224,018.	32	5,978,106.
	33	Total liabilities and net assets/fund balances			5,458,044.	33	7,358,160.

Form **990** (2021)

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Form 990 (2021)
Part X Balance Sheet

PRS, INC.

Form	990 (2021) PRS, INC.	54-08	80899	Page	_e 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,734		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,383		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,351		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,224		
5	Net unrealized gains (losses) on investments	5	-596	,92	2.
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	5,978	,10	6.
Par	rt XII Financial Statements and Reporting			г	
	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 on Schedule	0.			
2a			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?		2b	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization							Employer identification number			
_			INC.						4-0880899		
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	,	•		,					
1		A church, convention of chu				n 170(b)(1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiza	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 section 170(b)(1)(A)(iv). (C		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal						ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	-		5			5			
8		A community trust describe		1)(A)(vi). (Complete Parl	t II.)						
9		An agricultural research org				ed in conju	nction with a	land-grant	college		
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:						_			
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	rom gross investment		
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Cor	nplete Part III.)								
11		An organization organized a	and operated exclusi	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 functior	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 &	5 09(a)(3). (Check the box on		
		lines 12a through 12d that o	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	inization operated, si	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by (giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting		
		organization. You must c	complete Part IV, Se	ctions A and B.							
b		Type II. A supporting orga	-				-		-		
		control or management o			ame perso	ns that cor	ntrol or mana	ge the supp	ported		
		organization(s). You mus	-								
с		J Type III functionally inte						ly integrate	d with,		
	_	its supported organization		-							
d		J Type III non-functionally						-			
		that is not functionally int			•			an attentiv	reness		
		requirement (see instructi	•	•							
е		Check this box if the orga functionally integrated, or					турет, туре	n, rype m			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
g		vide the following information	•	d organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota											
1012											

PRS, INC.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	5071180.	5213422.	6135293.	7849616.	11053983.	35323494.			
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	355,004.	310,043.	345,558.	355,925.	360,241.	1726771.			
4	Total. Add lines 1 through 3	5426184.	5523465.	6480851.	8205541.	11414224.	37050265.			
	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.						37050265.			
	tion B. Total Support						570502051			
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total			
		(a) 2017 5426184.	(b) 2018 5523465.	(c)2019 6480851.		(e) 2021 11414224.				
	Amounts from line 4	3420104.	JJZJ40J.	0400001.	0203341.	<u> </u>	570502050			
0	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	61 002	72 1 2 2	07 620	61 706	120 500	404 220			
	and income from similar sources	61,092.	73,122.	87,630.	61,796.	120,589.	404,229.			
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	1040000					1040440			
	assets (Explain in Part VI.)	1042320.	5,792.				1048112.			
11	Total support. Add lines 7 through 10						38502606.			
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,264,976.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.23 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	95.64 %			
16a	33 1/3% support test - 2021. If the o	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	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2020. If the o	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	tion						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o				or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te			•						
b	10% -facts-and-circumstances test	-		• • • •						
	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	Private foundation. If the organization									
10		an alla not oneon a l		a, 100, 17a, 01 170	, oncor this box a		/Eorm 990) 2021			

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021

PRS, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus-						
	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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) 2017	(6) 2010	(6) 2013	(0) 2020		
	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						
							<u> </u>
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves						///
17				ino 13 column (f))		17	%
						18	
18	Investment income percentage from 2		•	on line 14 and lin			%
198	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box an						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chee			•	. ,	•	tion
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		>
13202	23 01-04-22					Sched	lule A (Form 990) 2021

¹⁵ 2021.05000 PRS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2021		INC.
Part IV	Supporting Orga	nizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		

supervised	l. or controlled	the supportin	a organization.	
Section C. T	ype II Supp	orting Org	anizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1

Section D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the					

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

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

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_

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

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

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

3b 3b 2021

2a

2b

3a

Yes No

Yes No

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	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu		•	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ac	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
	ellection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
	verage monthly value of securities	1 a		
	verage monthly cash balances	1b		
	ir market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors			
(e)	xplain in detail in Part VI):			
2 Ac	equisition indebtedness applicable to non-exempt-use assets	2		
3 Si	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
2 Er	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
5 Ind	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

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instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 PRS, INC. uting Argonizations

19		
2021.05000	PRS,	INC.

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5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). 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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
				Sc	hedule A (Form 990) 2021

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2021

Section D - Distributions

3

4

1

2

3 4 Current Year

Schedule A	(Form 990) 2021	PRS,		54-0880899 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par V, Section E, lines 2, 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
132028 01-04-2	2			Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

202⁻

Employer identification number

Nume of the organization	011		
	PRS,	INC.	54-0880899
Organization type (che	eck one):		
Filers of:	See	ction:	
Form 990 or 990-EZ	X] 501(c)(3) (enter number) organization	
		94947(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	
		ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

	B (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
PRS, 1	INC.		54-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		- \$ <u>3,110,6</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		- _ \$987,5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribution	(d) ns Type of contribution
3	Name, address, and ZIP + 4	- _ \$\$ <u>834,6</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		- _ \$ <u>761,2</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		- _ \$ <u>720,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		- \$\$604,5	24. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
PRS,	INC.		54-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$541,56	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>500,00</u>	0. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4	\$173,58	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$72,50	0. 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
		\$50,81	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$50,00	0 . Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization	Em	Page 2 ployer identification number
PRS, I	TNC .		54-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$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
14_		\$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
		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$26,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)	Empl	Page 2
Name of o	rganization	Emplo	oyer identification number
PRS,	INC.	54	4-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$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
		\$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
		\$7,000.	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
22		\$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
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.) Schedule B (Form 990) (2021

	B (Form 990) (2021)			Page		
Name of c	organization		Emplo	over identification number		
PRS,	INC.		54	-0880899		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
25		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
26		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
27		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
28		\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
	1-21	\$		Person Payroll Noncash Complete Part II for noncash contributions.)		

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	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
PRS,	INC.		54-0880899
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	i.
(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	
		_ _ _ \$	
		— I : — — — — — — — — — — — — — — — — —	

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Schedule B (Form 990) (2021)

Name of or	rganization			Employer identification number
PRS, 1	INC.			54-0880899
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete column	(a) through (e) and the following line e	ntry. For organization	or (10) that total more than \$1,000 for the year s
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 c	r less for the year. (Enter	this info. once.) 🕨 🗣
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		_		
-		– (e) Transfer of g	 ft	
-	Transferee's name, address	, and ZIP + 4	Relationsh	ip 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 g	ft	
-	Transferee's name, address	, and ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		_	 ft	
-	Transferee's name, address	, and ZIP + 4	Relationsh	ip 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 g	 ft	
-	Transferee's name, address	, and ZIP + 4	Relationsh	ip of transferor to transferee
123454 11-11	-21			Schedule B (Form 990) (202

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28 2021.05000 PRS, INC.

SCHEDULE I)
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Department of the Treasury

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.



Internal Revenue Service Name of the organization ~

Employer identification number

	_		-	`	^	^	^	^	^	
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		4	- u	, ()	()	11	()	-	7	

De	PRS, INC.	d Funda av Othav Similar Funda av /	54-0880899
Pa			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	impermissible private benefit? t II Conservation Easements. Complete if the org		
	-		v, me /.
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation)		storiaally important land area
	Protection of natural habitat	,	storically important land area rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
-	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		C <i>1</i>
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treater fallowing and the fallowing and the fallowing fallowing the second state of the fallowing fallowing the second state of the fallowing fa		i, provide
_	the following amounts required to be reported under FASB A	-	
	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 Form 990	
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

29 2021.05000 PRS, INC.

Sche	dule D (Form 990) 2021 PRS, IN						54-08			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical	Treasures, o	r Other	Similar	^r Assets	(contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of	the following that	t make sig	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d		r exchange progra						
b	Scholarly research	e	e 🔄 Other_							
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or othe	er similar	assets		_		-
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organ	zation answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod						_	-		1
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					0		
								Amount	[
c	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
T	Ending balance Did the organization include an amount on F					<u>1f</u>	X	Yes		No
	If "Yes," explain the arrangement in Part XIII						[<u>A</u>	lites	x	
Par						0			21	<u></u>
		(a) Current year	(b) Prior yea				ears back	(e) Four	vears	back
1a	Beginning of year balance	(-, ,	(,	(1) 101		(,		(-,	<i></i>	
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		e (line 1g, colur	nn (a)) held as:						
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment		_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	eld and administer	red for the	e organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr	• • •	Cost or other asis (other)		cumulate preciation	d	(d) Bool	k value	÷
	Land			57,660.	uep	Clauon		<u>ج</u>	7,60	50
	Land			794,240.	E E	587,90	55		7,00 5,21	
	Buildings		1	,279,046.		545,21			3,83	
	Leasehold improvements		<u> </u>	477,794.		29,04			3,0. 3,75	
	Equipment			163,867.		34,1			3,7 9,75	
	Other		V column (D)			-	<u> </u>		5,27	
TULA	- Aud miles ta through te. (Column (d) MUSE	equal Form 990, Part	\wedge , column (B), I					270	- 1 - 1	

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(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. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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			405,818.
(3) DEFERRED TENANT ALLOWANCE			206,004.
(4)			
(5)			
(6)			
(7)			

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

PRS,

Schedule D (Form 990) 2021

INC.

2. 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 ... X

Schedule D (Form 990) 2021

►

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54-0880899 Page 3

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(8) (9)

Sche	edule D (Form 990) 2021 PRS, INC.	54-088089	9 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	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 12,72	0,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		5,922.	
b	Donated services and use of facilities 2b 541	.,601.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d		5,321.
3	Subtract line 2e from line 1	3 12,77	5,397.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.)	,500.	
С	Add lines 4a and 4b		0,500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,897.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 10,96	5,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 541	.,601.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	l Other (Describe in Part XIII.)	,500.	
е	Add lines 2a through 2d		2,101.
3	Subtract line 2e from line 1	3 10,38	3,887.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
~	Add lines 4a and 4b	4c	
U	Add lines 4a and 4b		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	10.20	0. 3,887.

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

132054 10-28-21

Schedule D (Form 990) 2021

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 -40,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES

40,500.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities 🛛 🔾	DMB No. 1545-0047
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury Internal Revenue Service		Attach to Form 990				~ ~		Open to Public Inspection
Name of the organizatio		to www.irs.gov/Form990 for instru		s anu		011.	Employer ide	ntification number
Part I Fundrais	PRS, IN						54-0880	
required to	complete this par	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	Thers are not
 a Mail solicita b Internet and c Phone solicita d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions I email solicitations itations blicitations on have a written c ted in Form 990, P	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (exempt from re	gistration
				000 -			0.1	0 (Farm 000) 000 (
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E			Schedule	e G (Form 990) 2021

132081 10-21-21

PRS, INC.

54-0880899 Page 2

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

			(a) Event #1 SPRINGTOPIA: A SEASON OF	(b) Event #2 ANNUAL GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu						
Hevenue	1	Gross receipts	234,540.	63,741.		298,281
	2	Less: Contributions	240,099.	51,616.		291,715
	3	Gross income (line 1 minus line 2)	-5,559.	12,125.		6,566
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	24,096.	16,404.		40,500
	10	Direct expense summary. Add lines 4 throug			►	40,500
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-33,934
'a	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
_			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ž				bingo/progressive bingo		col. (a) through col. (a
Hevenue						
۲I	1	Gross revenue				
ŝ	2	Cash prizes				
nses		Cash prizes				
xpenses						
ct Expenses		Cash prizes				
JIrect Expenses		Cash prizes				
Ulrect Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses		Cash prizes				
Ulrect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%		%	
Ulrect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes% No	☐ Yes %	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% □No	No	No	
Ulrect Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes% □No		No	
DIrect Expenses	3 4 5 6 7	Cash prizes	Yes % No h 5 in column (d)	No	<u>No</u> No ►	
nilect Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No	<u>No</u> No ►	
	3 4 5 6 7 8	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d)	No	<u>No</u> No ►	
•	3 4 5 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No ►	
) a	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ nctivities in each of these	No	No ►	Yes N
) a	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ nctivities in each of these	No	No ►	Yes N
а	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ nctivities in each of these	No	No ►	Yes N
ab	3 4 5 6 7 8 Ent Is t If "	Cash prizes	h 5 in column (d)	States?	No ►	
a b Da	3 4 5 6 7 8 Ent Is t If " 	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or te	states?	No ►	
a b	3 4 5 6 7 8 Ent Is t If " 	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or te	states?	No ►	
ab	3 4 5 6 7 8 Ent Is t If " 	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or te	states?	No ►	

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Sch	edule G (Form 990) 2021	PRS,	INC.	54-08	3808	99	Page 3
11	Does the organization conduct ga	ming activi	ties with nonmembers?		Y	es	No
12	Is the organization a grantor, bene	eficiary or t	ustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?				Y	es	No No
13	Indicate the percentage of gaming	g activity co	nducted in:	i			
â	The organization's facility				13a		%
k	• An outside facility			L	13b		%
14	Enter the name and address of the	e person w	no prepares the organization's gaming/special events books and record	ds:			
	Name 🕨						
	Address ►						
45.							No
			third party from whom the organization receives gaming revenue?			62	
k			received by the organization \blacktriangleright \$ and the amount of the second s	ount			
	of gaming revenue retained by the	e third party	₽►\$				
c	If "Yes," enter name and address	of the third	party:				
	Name						
	Address ►						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	► \$					
		_					
	Description of services provided						
	Director/officer	Empl	byee Independent contractor				
17	Mandatory distributions:						
â	Is the organization required under	state law t	o make charitable distributions from the gaming proceeds to				
	retain the state gaming license?				Y	es	No
k	Enter the amount of distributions	required ur	der state law to be distributed to other exempt organizations or spent	in the			
_	organization's own exempt activit						
Pa			Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, lines	s 9, 9	b, 10 b,
	15D, 15C, 16, and 17D, as	applicable	Also provide any additional information. See instructions.				
1320	83 10-21-21		26	Schedu	e G (Fo	orm 9	90) 2021

Schedule G	6 (Form 990)		INC.
Part IV	Supplementa	Information	(continued)

Supplemental Informatio	n (continued)		
			Schedule G (Form 990)

132084 11-18-21

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SCHEDULE J	Compensation Information	I	OMB No. 1	1545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	01	
	Compensated Employees		20	<u> </u>]
Description of the Treese	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publi	ic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the organiz	ation	Employer	identificatio	on nur	nber
	PRS, INC.	54-0	088089	9	
Part I Quest	ons Regarding Compensation				
				Yes	No
1a Check the app	opriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class	or charter travel Housing allowance or residence for perso	nal use			
Travel for	companions	sidence			
Tax inder	nification and gross-up payments Health or social club dues or initiation fee	s			
Discretior	ary spending account Personal services (such as maid, chauffe	ur, chef)			
b If any of the bo	kes on line 1a are checked, did the organization follow a written policy regarding payment or				
reimbursemen	or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2 Did the organiz	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and o	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
	if any, of the following the organization used to establish the compensation of the organization's				
CEO/Executive	Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	ensation of the CEO/Executive Director, but explain in Part III.				
X Compens	ation committee				
	nt compensation consultant <u>X</u> Compensation survey or study				
X Form 990	of other organizations X Approval by the board or compensation c	ommittee			
	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	a related organization:				77
	ance payment or change-of-control payment?				X
•	receive payment from a supplemental nonqualified retirement plan?				X
	receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	he revenues of:		5.		v
	n?				X X
	anization?		<u>5b</u>		
	5a or 5b, describe in Part III.	2			
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	9f 1			
•	he net earnings of:		60		Х
	n?				X
	anization? 6a or 6b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments In lines 5 and 62 If "Ves." describe in Part III		7		Х
	n lines 5 and 6? If "Yes," describe in Part III				21
			8		х
	8, did the organization also follow the rebuttable presumption procedure described in		····· 0		
	s, did the organization also follow the rebuttable presumption procedure described in store sto		9		
	k Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2021
		Ochet		. 550)	

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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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH GETCH	(i)	184,479.	12,000.	0.	9,240.	0.	205,719.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY BROWN	(i)	153,810.	0.	0.	6,923.	0.	160,733.	0.
CHIEF CLINICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

ſ 1 ZUZ **Open to Public** Inspection

Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	1	

Employer identification number 54 - 0880899

PRS INC. Part I Types of Property (a) Τ

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contributi amounts reported o		(d) hod of determin h contribution ar	•	6
		applicable		Form 990, Part VIII, lir		I CONTRIBUTION A	nounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (SILENT AUCTIO)	X	64	37,1	14.FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82							
	-		-				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 t	hrough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review of	of any nonstandard cor	ntributions?	31	Х	
	Does the organization hire or use third parties	•	-	-				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is	s checked,			
	describe in Part II.							
	For Denominant, Deduction Act Nation and	No			0-	hadula M (Caus	- 0001	0004

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Part II	Suppler	nental	Informa	ation.	Р
Schedule N	VI (Form 990)	2021	PRS,	INC.	,

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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42 2021.05000 PRS, INC. SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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 880

INDIVIDUALS AND FAMILIES THROUGH THESE PROGRAMS.

EXPENSES \$ 765,441. 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) 2021

132211 11-11-21

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PRS, INC.	54-0880899
	RESIDENTS
IVE IN ONE OF THE HOUSING RESIDENCES SUPPORTED BY PRS. PF	RS ALSO
FFERS BEHAVIORAL HEALTH OUTPATIENT SERVICES. DURING THE Y	

SERVED APPROXIMATELY 139 INDIVIDUALS THROUGH THESE PROGRAMS.

EXPENSES \$ 873,882. INCLUDING GRANTS OF \$ 0. REVENUE \$ 53,527.

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 FINANCIAL AND ADMINISTRATIVE 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 Schedule O (Form 990) 2021

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Page 2
Employer identification number
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 ACCOUNTS. NO CHANGE

IN PROCEDURE WAS MADE DURING THE FISCAL YEAR.

132212 11-11-21