Form 8879-TE

IRS e-file Signature Authorization

OMB No. 1545-0047

for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service
Name of filer

EIN or SSN 43-1266906

PKD FOUNDATION Name and title of officer or person subject to tax

CARMEN GLEASON. C00

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	18472948.			
2a	Form 990-EZ check here ►	b	Total revenue, if any (Form 990-EZ, line 9)				
3a	Form 1120-POL check here .	b	Total tax (Form 1120-POL, line 22)				
4a	Form 990-PF check here ►	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b				
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)				
6a	Form 990-T check here ►	b	Total tax (Form 990-T, Part III, line 4)				
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)				
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)				
9a	Form 5330 check here	1	Tax due (Form 5330, Part II, line 19)				
10a	Form 8038-CP check here ►	b	Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b				
Part	Part II Declaration and Signature Authorization of Officer or Person Subject to Tax						

Under penalties of perjury, I declare that 🔣 I am an officer of the above entity or 🛄 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

For Privacy Act and Paperwork Reduction Act Notice, see back of form.	Form 8879-TE (2021)						
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So							
certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.							
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Quartification 0 not enter all zer							
Part III Certification and Authentication							
Signature of officer or person subject to tax and learn SIGN HERE Date	may 4, 20.23						
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signate filed return. If I have indicated within this return that a copy of the return is being filed with a stat of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	ure on the tax year 2021 electronically te agency(ies) regulating charities as part						
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem return's disclosure consent screen.	entioned ERO to enter my PIN on the						
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Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2021 Open to Public Inspection

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14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,112,256. 3,325,422. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 59,295. 75,917 b Total fundraising expenses (Part IX, column (A), line 11e) 1,853,581. 2,058,513. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 1,853,581. 2,140,085. 11,114,631. 19 Revenue less expenses. Subtract line 18 from line 12. 2,140,085. 11,114,631. Beginning of Current Year End of Year 20 Total assets (Part X, line 26). 3,143,870. 620,624. 3,143,870. 620,624. 21 Total liabilities (Part X, line 26). 3,143,870. 620,624. 3,143,870. 620,624. 22 Total assets of fund balances. Subtract line 21 from line 20. 22,549,669. 30,492,785. 30,492,785. 21 Total assets of fund balances. Subtract line 21 from line 20. 22,549,669. 30,492,785. 23 Signature Block Date Image: Signature of officer Date Type or print name and					· ·	•		,								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13									1	,789,50)4.	1	,898	<u>,465.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e) 59, 295. 75, 917 b Total fundraising expenses (Part IX, column (D), line 25) 943, 027. 1, 853, 581. 2, 058, 513. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 853, 581. 2, 058, 513. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6, 814, 636. 7, 358, 317. 19 Revenue less expenses. Subtract line 18 from line 12 2, 140, 085. 11, 114, 631. 10 Total assets (Part X, line 16) 2, 140, 085. 11, 114, 631. 11 Total assets (Part X, line 26) 3, 143, 870. 620, 624. 20 Total assets or fund balances. Subtract line 21 from line 20. 22, 549, 669. 30, 492, 785. Part II Signature Block Signature Block 22, 549, 669. 30, 492, 785. Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any Knowledge. Date Print/Type preparer's name Preparer's signature Date Pin1559426 Firm's andrees > 1		14														NONE
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,853,581. 2,058,513. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,814,636. 7,358,317. 19 Revenue less expenses. Subtract line 18 from line 12 2,140,085. 11,114,631. Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 25,693,539. 31,113,409. 21 Total liabilities (Part X, line 26). 3,143,870. 620,624. 22 Net assets or fund balances. Subtract line 21 from line 20. 22,549,669. 30,492,785. Part II Signature Block 22,549,669. 30,492,785. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer Date 05/15/2023 PIN Part II ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 PIN Sign Hirm's name FORVIS, LLP Firm's EIN 44-0160260 Phone no. 816-221-630	es										3,112,256.			3	, 325	,422.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,853,581. 2,058,513. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,814,636. 7,358,317. 19 Revenue less expenses. Subtract line 18 from line 12 2,140,085. 11,114,631. Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 25,693,539. 31,113,409. 21 Total liabilities (Part X, line 26). 3,143,870. 620,624. 22 Net assets or fund balances. Subtract line 21 from line 20. 22,549,669. 30,492,785. Part II Signature Block 22,549,669. 30,492,785. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer Date 05/15/2023 PIN Part II ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 PIN Sign Hirm's name FORVIS, LLP Firm's EIN 44-0160260 Phone no. 816-221-630	ens	16a	Profes	ssional fundraising fees	(Part IX, colum	nn (A), line 11e)						59,29	95.		75	,917.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,853,581. 2,058,513. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,814,636. 7,358,317. 19 Revenue less expenses. Subtract line 18 from line 12 2,140,085. 11,114,631. Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 25,693,539. 31,113,409. 21 Total liabilities (Part X, line 26). 3,143,870. 620,624. 22 Net assets or fund balances. Subtract line 21 from line 20. 22,549,669. 30,492,785. Part II Signature Block 22,549,669. 30,492,785. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer Date 05/15/2023 PIN Part II ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 PIN Sign Hirm's name FORVIS, LLP Firm's EIN 44-0160260 Phone no. 816-221-630	ăX	b	Total	fundraising expenses (P	art IX, column	(D), line 25) ▶	943	<u>3,027.</u>								
19 Revenue less expenses. Subtract line 18 from line 12	ш	17	Other	expenses (Part IX, colu	mn (A), lines 1	11a-11d, 11f-24e)					1,853,581.			2,058,513		
19 Revenue less expenses. Subtract line 18 from line 12		18	Total	expenses. Add lines 13	-17 (must equ	al Part IX, column (A),	line 25)				6	,814,63	86.	7	,358	,317.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date APRIL ARNOLD CPA APRIL ARNOLD CPA O5/15/2023 Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No											2	,140,08	35.	11,	,114	,631.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date APRIL ARNOLD CPA APRIL ARNOLD CPA O5/15/2023 Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	s or									Begi	inning	of Current	/ear	End	of Yea	ır
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date APRIL ARNOLD CPA APRIL ARNOLD CPA O5/15/2023 Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	sets alan	20	Total a	assets (Part X, line 16)							25	,693,53	39.	31	,113	,409.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date APRIL ARNOLD CPA APRIL ARNOLD CPA O5/15/2023 Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	dB	21	Total	liabilities (Part X, line 26)						3	,143,87	70.		620	,624.
Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Preparer's name Preparer's signature Pre	Punet	22	Net as	ssets or fund balances.	Subtract line 2	21 from line 20					22	,549,66	59.	30,	,492	,785.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Preparer Jse Only Print/Type preparer's name Preparer's signature Preparer's signatu	Pa	rt II	Sig	gnature Block												
Sign Here Signature of officer Date Paid Preparer Jse Only Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date Check if self-employed P01559426 Firm's name FORVIS, LLP Firm's ellN 44-0160260 Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No													my k	knowledge	and be	elief, it is
Here Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Paid Preparer's name Preparer's signature 05/15/2023 self-employed P01559426 Paid Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	true	e, corre	ect, and	complete. Declaration of pr	reparer (other th	an officer) is based on all	Informat	tion of whi	ch prepai	er has any	knowl	edge.				
Here Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Paid Preparer's name Preparer's signature 05/15/2023 self-employed P01559426 Paid Firm's name ▶ FORVIS, LLP Firm's EIN ▶ 44-0160260 Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No																
Paid Preparer Jse Only Print/Type or print name and title Preparer's signature Date Check if PTIN Paid Preparer Jse Only PRIL ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 self-employed P01559426 Firm's name FORVIS, LLP Firm's ellN 44-0160260 Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				Signature of officer								Date				
Print/Type preparer's name Preparer's signature Date Check if PTIN Paid APRIL ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 self-employed P01559426 Firm's name ► FORVIS, LLP Firm's address ► 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Firm's EIN ► 44-0160260 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	He	re														
Paid APRIL ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 Click II Jse Only Firm's name FORVIS, LLP Firm's EIN 44-0160260 Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				Type or print name and title	Э											
Paid APRIL ARNOLD CPA APRIL ARNOLD CPA 05/15/2023 Click II Jse Only Firm's name FORVIS, LLP Firm's EIN 44-0160260 Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No						Preparer's signature			Date			Check	if F	PTIN		
Preparer Firm's name ► FORVIS, LLP Firm's EIN ► 44-0160260 Firm's address ► 1201 WALNUT, SUITE 1700 KANSAS CITY, M0 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Paic	1			^			אס		1 6 / 20	າາ				2106	
Disc Only Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no. 816-221-6300 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Pre	barer				APRIL ARNO	ט עם C.	FA	105	/ 13/ 20						
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only		· · · · · · · · · · · · · · · · · · ·		1200					-					
	NA	(the - '						06-2246			Pho	one no.	8.			
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									<u></u>			<u></u>				No

	PKD FOUNDATION	43-1266906
	m 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	хХ
1	Briefly describe the organization's mission:	
	WE GIVE HOPE. WE FUND RESEARCH, ADVOCATE FOR PATIENTS, AND BUILD A	
	COMMUNITY FOR ALL IMPACTED BY PKD.	
2	Did the organization undertake any significant program services during the year which were not liste	ed on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	— —
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program
	services?	Yes 🛛 🗶 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments f	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gra the total expenses, and revenue, if any, for each program service reported.	nts and allocations to others
	the total expenses, and revenue, if any, for each program service reported.	
12	(Code:) (Expenses \$ 2,631,661. including grants of \$ 1,898,465.) (Revenue \$	NONE)
4a	RESEARCH - SEE SCHEDULE O	NONE_)
	RESEARCH - SEE SCHEDOLE O	
4b	(Code:) (Expenses \$1,215,137. including grants of \$) (Revenue \$	NONE)
	AWARENESS AND ADVOCACY - SEE SCHEDULE O	
4c	(Code:) (Expenses \$ 1,687,658. including grants of \$ NONE) (Revenue \$	NONE)
	EDUCATION AND SUPPORT - SEE SCHEDULE O	
44	Other program services (Describe on Schedule O.)	
Ψu	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5,534,456.	1
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Form 9	90 (2021)		F	Page 3		
Part	V Checklist of Required Schedules					
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A.	1	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)					
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,					
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors					
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If						
	"Yes," complete Schedule D, Part I.	6		X		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
	complete Schedule D, Part III	8		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		X		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments					
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,					
	VII, VIII, IX, or X, as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"					
	complete Schedule D, Part VI	11a	Х			
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х		
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets					
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
	Schedule D, Parts XI and XII	12a	Х			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If					
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х		
	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		х		
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		х		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
	If "Yes," complete Schedule G, Part III	19		x		
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х			
		•	43	L		

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23 Did the organization aswer "Yes" to Part VII. Section A. line 3.4, or 5, about compensated employees? If 'Yes,' complete Schedule J. 24.a Did the organization have a tax-exempt bord issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a. b Did the organization invest any proceeded tax exempt bords beyond a temporary period exception?. 2 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 d Did the organization on the assignment on a proceeded and the temporary period exception? 2 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 d Did the organization account as an 'on behalf of' issuer for bonds outstanding at ny time during the year? 2 d Did the organization provide a grant or any of the organization's prior Forms 990 or 990-E27 1 f''res, 'complete Schedule L, Part I. 2 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 35% controll of tamity member of any of these p	Yes	s No
 23 Did the organization answer "ves" to Part VII. Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated amployees? If "ves," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Ves," answer lines 24b through 24d and complete Schedule K If "No." gro to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L . 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" Yos," or to line 256. 2 Did the organization nintian an escrow account other than a refunding escrow at any time during the year? 2 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding on with a disqualified person in a prior year, and that the transaction in any othes persons? If Yes," complete Schedule L, Part I. 2 Did the organization act as an one to person during the year? I'Yes, 'complete Schedule L, Part I. 2 Did the organization act as any on these persons? I'Yes,' complete Schedule L, Part I. 2 2 Did the organization act as any othese persons? I'Yes,' complete Schedule L, Part I. 2 2 Did the o	22 X	x
employees? If 'Yes,' complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31. 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year?. 2 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?. 2 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?. 2 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?. 2 d Did the organization act as an 'on behalf of' issuer for bonds beyond the organization engage in an excesse benefit transaction with a disqualified person during the year?! 'Yes,' complete Schedule L Part I. 2 d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamity member of any of these spersons? If 'Yes,' complete Schedule L, Part I. d Did the organization party to a business transaction with ne of the following parties (see the Schedule L, Part II. d Did the organization aprety to a business transaction with ne of the following parties (see the Schedule L, Part II. d Did the organization aprety to a business transaction with ne of the fo		
 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, 2007. If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a. b Did the organization ministal an escret wa account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?. c Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization energies in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 2 Is the organization axive that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction to Part A, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I. 27 Did the organization approvide a grant or other assistance to any current or former officer, director, trustee, key employee thereol, a grant selection committee member, or to a 35%, controlled entity (including an employee thereol or family member of any of these persons? If "Yes," complete Schedule L, Part I. 28 Was the organization applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 29 Did the organization applicable filling thresholds, conditions, and exceptions? a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 29 Did th	23 X	y l
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 2 c A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 2 c A family member or enver than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 2 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 2 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I, III, or IV, and Part V, line 1. 3 335a Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II	25b	Х
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 39 Note: Ki f Schedule O contains a response or note to any line in this Part V 34 Ust the number reported in box 3 of Form 1096. Enter -0- if not applicable		
 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>. Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II</i>, <i>III</i>, <i>or IV, and Part V, line 1</i>. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule <i>R, Part V, line 2</i>. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . Ia 24 Ib INONE 	30	X
complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 37 Did the organization complete Schedule Q 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 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 1 1 1	31	X
 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	32	x
 sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>		
or IV, and Part V, line 1. 3 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 3 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 3 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 3 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 3 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. 3 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 1b NONE 1b NONE	33	x
 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 3 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 3 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 3 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. 3 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 24 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 1b NONE	34	X
 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	X
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>. 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 1a 24 1b NONE 	35b	
 related organization? If "Yes," complete Schedule R, Part V, line 2. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . Ia 24 Ib NONE 		1
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
19? Note: All Form 990 filers are required to complete Schedule O. : Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE	37	X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 1a 24 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	38 X	v
Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE	<u> </u>	<u>× </u>
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE	<u></u>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Yes	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
JSA IE1030 1 000	Form 99	0 (2021)

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

Form 990 (2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 31				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?				
d	d If "Yes," indicate the number of Forms 8282 filed during the year				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	-			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	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.)	40.			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	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.	13a			
а	Is the organization licensed to issue qualified health plans in more than one state?	Isa			
	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 gualified health plans				
_					
		14a		x	
	Did the organization receive any payments for indoor tanning services during the tax year?	14b			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140			
15	excess parachute payment(s) during the year?	15		х	
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ	
16		16		х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			- 21	
17					
17	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.	-			

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Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedule O.	See in	struc	tions.
		Check if Schedule O contains a response or note to any line in this Part VI				X
Sect		Governing Body and Management				
					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 11			
iu		e 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				
h		ittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent	1b 10			
2		y officer, director, trustee, or key employee have a family relationship or a business re				
2		ner officer, director, trustee, or key employee?		2		х
2		e organization delegate control over management duties customarily performed by or ur		_		
3				3		х
4	-	rision of officers, directors, trustees, or key employees to a management company or other p		4		X
4				5		X
5				6		X
6		e organization have members or stockholders?				
7a		e organization have members, stockholders, or other persons who had the power to el		7a		x
		more members of the governing body?		10		
b		ny governance decisions of the organization reserved to (or subject to approval	• ·	7b		v
-		olders, or persons other than the governing body?		70		X
8		e organization contemporaneously document the meetings held or written actions und	ertaken during			
	-	ar by the following:		0-	37	
а		overning body?		8a	X	
b		committee with authority to act on behalf of the governing body?		8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				37
Secti		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O Policies (This Section B requests information about policies not required by the Inte		9 Codo	<u> </u>	X
Secu			inal Nevenue		.) Yes	No
				10a	X	
		e organization have local chapters, branches, or affiliates?		10a	Λ	
b		," did the organization have written policies and procedures governing the activities of		10b	v	
		es, and branches to ensure their operations are consistent with the organization's exempt p	-	100 11a	X X	
11a		organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	Λ	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Λ	
b		officers, directors, or trustees, and key employees required to disclose annually interests	that could give	12b	v	
		conflicts?		120	X	
С		e organization regularly and consistently monitor and enforce compliance with the p	-	12c	Х	
		be on Schedule O how this was done		120	X	
13		e organization have a written whistleblower policy?		14	X	
14		e organization have a written document retention and destruction policy?		14	Λ	
15		e process for determining compensation of the following persons include a review ar				
	-	endent persons, comparability data, and contemporaneous substantiation of the deliberation		150	v	
а		ganization's CEO, Executive Director, or top management official		15a 15b	X X	
b		officers or key employees of the organization		150	Λ	
		" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		e organization invest in, contribute assets to, or participate in a joint venture or simila	•	40-		37
		taxable entity during the year?		16a		X
b		," did the organization follow a written policy or procedure requiring the organization				
		pation in joint venture arrangements under applicable federal tax law, and take steps to		4.0%		
Cast		zation's exempt status with respect to such arrangements?	<u></u>	16b		
17		e states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		(sec	tion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that ap				
		Dwn website Another's website X Upon request Other (explain on Sc	,			
19		be on Schedule O whether (and if so, how) the organization made its governing docum	nents, conflict of	t inter	est p	olicy,
_		ancial statements available to the public during the tax year.				
20		the name, address, and telephone number of the person who possesses the organization's l	books and record	s 🕨		
		ROSS 4601 COLLEGE BLVD, STE 200 LEAWOOD, KS 66211		_	000	(0.0.5
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Part VII Compensation of Officers Independent Contractors	, Directors, Trustees, Key Employee	s, Highest Compensated Employees, and				
Check if Schedule O contains a	response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons reorganization's tax year.	equired to be listed. Report compensation	for the calendar year ending with or within the				

• 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.s

• 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) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	erson lirect	e than c is both or/trust	an iee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) ANDREW BETTS	40.00									
CHIEF EXECUTIVE OFFICER	NONE			х				276,610.	NONE	63,661.
(2) CHRISTOPHER RUSCONI	40.00									
CHIEF RESEARCH OFFICER	NONE	1		Х				211,293.	NONE	56,797.
(3) CHAD ISEMAN	40.00									· · · · ·
CHIEF ADVANCEMENT OFFICER	NONE	1		Х				189,895.	NONE	48,813.
(4) SHANNA EIKLENBORG	40.00									
SENIOR DIREDUCATION & EVENTS	NONE	1				x		109,155.	NONE	24,641.
(5) SUSAN DEREMER	40.00									
DIRECTOR OF LEADERSHIP GIFTS	NONE					Х		105,346.	NONE	24,016.
(6) CARMEN GLEASON	40.00									
CHIEF OPERATIONS OFFICER	NONE			Х				90,167.	NONE	19,792.
(7) MICHAEL MRUG	1.00									
DIRECTOR	NONE	Х						77,975.	NONE	NONE
(8) ROB ROTH	1.00									
DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(9) NAVIN MANGLANI	1.00									
DIRECTOR/VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) CHRIS WESS	1.00									
DIRECTOR/TREASURER	NONE	X		Х				NONE	NONE	NONE
(11) AMY OMENN	1.00									
DIRECTOR/SECRETARY	NONE	X		Х				NONE	NONE	NONE
(12) BEV BENSON	1.00	-								
DIRECTOR/PAST CHAIR	NONE	X		Х				NONE	NONE	NONE
(13) ASHLEY BROWN	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) KATHERINE DELL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	
										Form 990 (2021)

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Part VII Section A. Officers, Directors, Tr		ey En	nplo			and H	lig	_	ed Employ	ees (c	
(A)	(B)				C)			(D)	(E)	.	(F)
Name and title	Average hours per	(do	not cł		sition more	e than c	ne	Reportable compensation	Reportat compensatio		Estimated amount of
	week (list any					is both		from	related		other
	hours for	office			1	or/trust		the	organizati		compensation
	related	or d	Inst	Officer	Key employee	High	Former	organization	(W-2/1099-I	MISC)	from the
	organizations below dotted	lirec	ituti	cer	em	bloy	mer	(W-2/1099-MISC)			organization and related
	line)	tor t	ona		ploy	e cor					organizations
		Individual trustee or director	Institutional trustee		ee	Highest compensated employee					Ū.
		ee	stee			nsa					
						fed					
15) STU CAPLAN	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
16) PAULA HUTCHINSON	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
17) JULIE MARSHALL	1.00										
DIRECTOR	NONE	x						NONE		NONE	NONE
	+										
	+										
	+										
	+										
	+										
	+										
	+	1									
	+										
1b Sub-total					-			1,060,441.		NONE	237,720.
c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	• •	• • •	5	NONE		NONE	NONE
d Total (add lines 1b and 1c)	-				• •		5	1,060,441.		NONE	237,720.
2 Total number of individuals (including but not) re				237,720.
reportable compensation from the organizatio				au		5	0 10		¢.00,000 0	•	
, , , ,											Yes No
3 Did the organization list any former offic	or directo	or or	- tri	icto	~	kov c	mr	lovoo or highos	t componer	tod	
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the	sum of rep	portat		com	per	sation	n ai	nd other compens	sation from	the	
organization and related organizations gr individual										ucn	4 X
										•••	4 A
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	es, comple	ele Sci	neau	lie J	1 101	such	per	son		• •	3 X
	nonoctod i	ndon	ondo	a nt	000	traata	ro +	that reasined more	than \$100	000 0	<u> </u>
 Complete this table for your five highest com compensation from the organization. Report of 											
year.	ompensau			, ua	ient	an ye	are	shalling with or with	ini the organ	Izatio	13 (0)
•											
A) (A) جبت בכיודים אמתי אמיי (A) אמיי איי איי איי איי איי איי איי איי אי	droce							(B)	nicos	~	(C)
SEE SCHEDULE O Name and business add	11622 2029 IL						_	Description of se	a vices	<u> </u>	ompensation
							_				
							_				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

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Pa	rt VII						
		Check if Schedule O contains a resp	onse or note to an				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
Dŭ Do	c	Fundraising events	2,102,458.				
ar /	d	Related organizations					
s, o	e	Government grants (contributions) 1e	483,385.				
r Si	f						
but		and similar amounts not included above . <u>If</u>	15,733,839.				
o E	g	Noncash contributions included in lines 1a-1f	\$ 2,502,429.				
aŭ	h	Total. Add lines 1a-1f		18,319,682.			
			Business Code				
e	2a						
ervi Je	b						
n S en L	c						
ran Sev	d						
Program Service Revenue	е						
₽.	'	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			-
	3	Investment income (including dividends		456,850.			456,850
	4	other similar amounts)		NONE			430,030
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NO	NE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 3,142,94	/.				
nue	b	Less: cost or other basis and sales expenses 7b 3,257,18	6. 56,668.				
eve	c						
r R	d	Net gain or (loss)	· · · · · · · •	-170,907.			-170,907
Other Reven	8a						
0		events (not including \$2,102,458.					
		of contributions reported on line					
		1c). See Part IV, line 18	77,166.				
	b	Less: direct expenses 8t					
	C	Net income or (loss) from fundraising event	s >	-133,230.			-133,230
	9a	Gross income from gaming activities. See Part IV, line 19	NONE				
	h	Less: direct expenses					
	b c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	a NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		NONE			
sn			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	553.			553
ella Ver	b						+
Re	c d	All other revenue					+
Σ	e			553.			
	12	Total revenue. See instructions		18,472,948.		NONE	153,266

Form **990** (2021)

Page **9**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 1,608,465. 1,608,465. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 50,000 50,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 240,000 240,000. foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 757,384. 446,268. 107,903. 203,213. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,640,497. 1,157,129. 311,219. 172,149. 216,252. 37,798. 33,852. 144,602. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 76,350. 487,737 326,136 85,251 39,074. 223,552. 149,483. 34,995. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 44,994 2,069 42,925. **b** Legal 39,005 39,005. c Accounting 174,062 174,062 d Lobbying 75,917 75,917. e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 311,418, 257,208. 18,437. 35,773. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 513,882 353,414. 25,333. 135,135. 71,522. 47,824. 12,502. 11,196. 13 Office expenses 14 Information technology 271,156. 181,315. 47,395. 42,446. NONE 15 Royalties 62,758. 50,273. Occupancy 239,628. 126,597. 16 93,420 62,467. 16,329. 14,624. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 15,551 4,065 3,640. 23,256 Conferences, conventions, and meetings 19 4,240 2,835. 741. 664. 20 NONE 21 Payments to affiliates 159,344 Depreciation, depletion, and amortization 201,841 23,518 18,979. 22 5,569. 28,569. 16,919. 6,081. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a DUES & SUBSCRIPTIONS 33,096 7,136. 12,023. 13,937. **b** MISCELLANEOUS EXPENSES 8,424 5,632. 1,474 1,318 С d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 7,358,317. 5,534,456. 880,834. 943,027. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🛛 🛛 if

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		·
	5 5 7 7 8		(B) End of year
	1,842,740.	1	920,093
Savings and temporary cash investments	2,174,666.	2	7,462,786
Pledges and grants receivable, net	1,256,047.	3	5,179,319
Accounts receivable, net	78,387.	4	146,328
oans and other receivables from any current or former officer, director,			
rustee, key employee, creator or founder, substantial contributor, or 35%			
ontrolled entity or family member of any of these persons	NONE	5	NON
oans and other receivables from other disqualified persons (as defined			
inder section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
lotes and loans receivable, net	NONE	7	NON
nventories for sale or use	NONE	8	NON
Prepaid expenses and deferred charges	274,717.	9	275,895
and, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 885, 230.			
ess: accumulated depreciation 10b 575,023.	477,856.	10c	310,207
nvestments - publicly traded securities	18,716,498.	11	16,803,248
nvestments - other securities. See Part IV, line 11	NONE		NON
nvestments - program-related. See Part IV, line 11	NONE		NON
ntangible assets	NONE		NON
Other assets. See Part IV, line 11	872,628.	15	15,533
otal assets. Add lines 1 through 15 (must equal line 33)	25,693,539.	16	31,113,409
Accounts payable and accrued expenses	316,820.	17	464,465
Grants payable	300,000.	18	NON
Deferred revenue	1,802,605.	19	1,407
ax-exempt bond liabilities	NONE		NON
scrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
oans and other payables to any current or former officer, director,			
rustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons	NONE	22	NON
Secured mortgages and notes payable to unrelated third parties	NONE		NON
Insecured notes and loans payable to unrelated third parties	483,385.	24	NON
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	241,060.	25	154,752
otal liabilities. Add lines 17 through 25	3,143,870.	26	620,624
Drganizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	0/110/0/07		
-	6,262,905,	27	14,083,549
			16,409,236
Drganizations that do not follow FASB ASC 958, check here ►	10/200//01		10,100,100
		20	
	22 540 660		20 402 705
			30,492,785
Vet Drg Ind Cap Pai Ret Tot	t assets without donor restrictions	t assets with donor restrictions. aganizations that do not follow FASB ASC 958, check here ► d complete lines 29 through 33. pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds al net assets or fund balances 22,549,669.	t assets with donor restrictions. ganizations that do not follow FASB ASC 958, check here ► d complete lines 29 through 33. pital stock or trust principal, or current funds

Form 990 (2021)

JSA

	PKD FOUNDATION 4	3-1266	906			
Form 99	00 (2021)				Pa	age 12
Part						
	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)			18,4	<u>472,</u>	948.
2	Total expenses (must equal Part IX, column (A), line 25)		2	7,3	358,	317.
3	Revenue less expenses. Subtract line 2 from line 1		3	11,1	114,	631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			22,5	549,	669.
5	Net unrealized gains (losses) on investments		5	-3,2	171,	515.
6	Donated services and use of facilities		5			
7	Investment expenses	7	,			
8	Prior period adjustments	8	3			
9	Other changes in net assets or fund balances (explain on Schedule O).)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X					
	32, column (B))	1	0	30,4	492,	785.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "O	ther," expla	in on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accou	ntant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year w					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate ba	isis				
h	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 we					
	separate basis, consolidated basis, or both:		0 u			
	X Separate basis Consolidated basis Both consolidated and separate basis	isis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit		aht of			
•	the audit, review, or compilation of its financial statements and selection of an independent a		•	2c	X	
	If the organization changed either its oversight process or selection process during the tax					
	Schedule O.	, , e p.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits a	s set forth	in the			
σu	Single Audit 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 under	no the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo			3b		
	, , , , , , , , , , , , , , , , ,					·

Form **990** (2021)

1E1054 1.000

SCHEDULE	P
(Form 990)	

1

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspec	
Name of the organization	Employer identification	n number	
PKD FOUNDATION	43-1266	906	
Part I Reason for Pu	Iblic Charity Status. (All organizations must complete this part.) See instructions.		
The organization is not a p	rivate foundation because it is: (For lines 1 through 12, check only one box.)		
1 A church, convent	tion of churches, or association of churches described in section 170(b)(1)(A)(i).		
2 A school describe	ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3 A hospital or a co	operative hospital service organization described in section 170(b)(1)(A)(iii).		
4 A medical researce	ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).	Enter the	
hospital's name, o	city, and state:		

5	An organization operated for the	benefit of a	college or	university	owned	or	operated I	oy a	governmental	unit	described	in
	section 170(b)(1)(A)(iv). (Complete	ete Part II.)										

6	A federal, sta	te, or local governmen	t or governmental unit	described in section	170(b)(1)(A)(v).

7	X	An organization that	t normally	receives a	substantial	part of	its suppor	t from	a governmental	unit or	from t	ihe ç	general p	ublic
		described in section	170(b)(1)	(A)(vi). (Co	omplete Part	II.)								

8		A community trust described in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)
---	--	---	---------

9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
	university:

10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to explore the support from support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

1		An organization	organized and	l operated	exclusively to	o test for pu	blic safety. S	See section	509(a)(4).
---	--	-----------------	---------------	------------	----------------	---------------	----------------	-------------	------------

12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the
	supporting organization. You must complete Part IV, Sections A and B.

b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	 organization(s). You must complete Part IV, Sections A and C.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

е	Check this box if the organization received a written determination from the IRS that it is a Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

	functionally integrated, of	Type in non-iunci	lionally integrated sup	porting c	nyamzai		
f	Enter the number of supported	l organizations					
g	Provide the following information	on about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						
For I	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2021						

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revues levide for the organization's benefit and either paid to or expended on its behalf Image: constraint of the paid to or expended on its behalf Image: constraint of the paid to or expended on its behalf Image: constraint of the paid to organization's benefit and either paid to organization without charge Image: constraint organization's benefit and either paid to organization without charge Image: constraint organization's benefit and either paid to be organization without charge Image: constraint organization's benefit and either paid to be organization's first, second's dual to be organization's benefit and either paid to be organization's first, second's dual to be organization's	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusuit grants"),	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
or expended on its behalf work 3 The value of services or facilities furnished by a governmental unit to the organization without charge	1	membership fees received. (Do not	12,652,147.	6,507,595.	15,841,230.	7,628,307.	18,319,682.	60,948,961.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid to						NONE
5 The portion of total contributions by accel person (other than a governmental unit or publicly supported organization) included on line it that seeceds 2% of the amount stown on line 11, column (1)	3	furnished by a governmental unit to the						NONE
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)	4	Total. Add lines 1 through 3	12,652,147.	6,507,595.	15,841,230.	7,628,307.	18,319,682.	60,948,961.
6 Public support. Subtract line 5 from line 4 47,923,113. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 12,652,147. 6,507,595. 15,841,230. 7,628,307. 18,319,682. 60,948,961. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources 100,878. 145,688. 335,777. 512,170. 456,850. 1,551,363. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 130,100. 35,413. NORE 61,450. 553. 227,516. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI). 553. 227,516. 9,955. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 9,955. 14 Public support percentage from 2020 Schedule A, Part II, line 14. 15 75.22 %. 14 Public support percentage from 2020 Schedule A, Part II, line 14. 15 75.22 %. 15	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						13 025 848
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 12, 652, 147. 6, 507, 595. 15, 841, 230. 7, 628, 307. 18, 319, 682. 60, 948, 961. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from unrelated business activities, whether or not the business is regularly carried on 100, 878. 145, 688. 335, 777. 512, 170. 456, 850. 1, 551, 363. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 100, 878. 145, 688. 335, 777. 512, 170. 456, 850. 1, 551, 363. 10 Other income. Do not include gain or loos from the sale of capital assets (Explain in Part VI.) 553. 227, 516. 62, 727, 840. 12 Gross receipts from related activities, etc. (see instructions) 12 9, 955. 9, 955. 3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 75, 22 %. 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 76, 40 %.								47,923,113.
7 Amounts from line 4 12,652,147 6,507,595 15,841,230 7,628,307 18,319,682 60,948,961 8 Gross income from interest, dividends, payments received on securities leans, rents, royalties, and income from similar sources 100,878 145,688 335,777 512,170 456,850 1,551,363 9 Net income from unrelated business activities, whether or not the business is regularly carried on 100,878 145,688 335,777 512,170 456,850 1,551,363 9 Net income. Do not include gain or loss from the safe of capital assets (Explain in Part VI) 227,7516 227,7516 100,878 10 Other income. Do not include gain or loss from the add activities, etc. (see instructions) 12 9,955 227,7516 12 Gross receipts from related activities, etc. (see instructions) 12 9,955 227,7516 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 76.40 % 14 Public support percentage from 2020 Schedule A, Part II, line 14. 15 75.22 % 16 33 /1/3 % support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 /1/3 % or more, check this box and stop here. The organization qualifies as a pu			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on				.,	. ,	.,		.,
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						1,551,363.
loss from the sale of capital assets (Explain in Part VI.)ste. supp. page 130,100 35,413 NONE 61,450 553 227,516 11 Total support. Add lines 7 through 10 62,727,840. 62,727,840. 62,727,840. 12 Gross receipts from related activities, etc. (see instructions) 12 9,955. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 9 Section C. Computation of Public Support Percentage 14 76.40 % 14 76.40 % 15 75.22 % 16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 331/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33/1/3% support test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-ci	9	activities, whether or not the business						NONE
11 11 12 9,955. 12 Gross receipts from related activities, etc. (see instructions) 12 9,955. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 12 Section C. Computation of Public Support Percentage 14 76.40 % 14 76.40 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 75.22 % 16a 33 1/3 % support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test,	10	loss from the sale of capital assets	130,100.	35,413.	NONE	61,450.	553.	227,516.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10						62,727,840.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	12		ee instructions)				12	9,955.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 76.40 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 75.22 % 16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	13	First 5 years. If the Form 990 is for	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
 15 Public support percentage from 2020 Schedule A, Part II, line 14	Sec							
 Public support percentage from 2020 Schedule A, Part II, line 14	14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	76.40 %
 16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	15			-			15	75.22 %
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		organization						▶∟
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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		(1) 00 (0)	() 00 (0	()) 0 0 0 0 0	() 000 ((n T)
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	-			1 1	
15	Public support percentage for 2021 (line 8,	.,	•			15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	•				
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b	, check this bo		
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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.*
- **10 a** 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 5

1

2

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	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).				
а	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 (se	e instr	uctions	s).	
			Yes	No	
2	Activities Test. Answer lines 2a and 2b below.				

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
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? <i>If</i> "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.	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
L.	Did the experimentian every second depress of direction every the policies programs, and estimities of each		

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 Schedule A (Form 990) 2021

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		Fage I
	on D - Distributions		(2000)		Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed	•		
-	organizations, in excess of income from activity	ou l	2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI		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 organization is resp	onsive	-	
•	(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	
			(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	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, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	130,100.	35,413.	NONE	61,450.	553.	227,516.
TOTALS	130,100.	35,413.	NONE	61,450.	553.	227,516.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

PKD FOUNDATION		43-1266906
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a particular treated as a par	rivate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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).

Schedule	В	(Form	990)	(2021)
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Name of organization

Page 2 Employer identification number 43-1266906

	PKD FOUNDATION		43-1266906
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$1,750,000.	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
2	<u>N/A</u>	\$947,858.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$857,102.	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
4	<u>N/A</u>	\$817,043.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$475,000.	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
6	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ISA			Schedule B (Form 990) (2021)

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Schedule	В	(Form	990)	(2021)
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Name of organization

Page 2 Employer identification number 43-1266906

	PKD FOUNDATION		43-1266906
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$483,385.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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ame of org	panization PKD FOUNDATION		Employer identification number 43-1266906		
Part II	Noncash Property (see instructions). Use duplicate copies				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	STOCK				
		\$947,858	05/25/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
4	STOCK				
		\$817,043.	12/21/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Page 3

JSA

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Schedule B (Form 990) (2021)

PKD_FOUNDATION 43-1266906 PartIII Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) a the following line entry. For organizations completing Part III, enter the total of acclusively religious, charitable, econtributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of transferor to transferee (a) N		(Form 990) (2021)			Page 4	
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(C)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) a the following line entry. For organizations completing Part III, entre the total of exclusively religious, charitable, econtributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$	Name of orç	-			Employer identification number	
(a) No. From Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held		Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) No. (f) Transfer of gift (f) Use of gift (g) No. (h) Purpose of gift (h) Purpose of gift (h) Transfer of gift (h) Transfer of gift	(a) No. from		·		(d) Description of how gift is held	
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Part I		Transferee's name, address, a		-	hip of transferor to transferee	
Part I	(a) No.	(b) Burpose of gift	(c) so		(d) Description of how gift is held	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift	Part I		(c) Use of gift			
Part I		Transferee's name, address, a		-	ship of transferor to transferee	
Part I						
	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		Transferee's name, address, a		-	ship of transferor to transferee	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	(a) No.	(b) Purpose of gift	(c) lise	of gift	(d) Description of how gift is held	
Part I	Part I				(a) 2000 lption of non-girt io field	
(e) Transfer of gift			(e) Transf	er of gift		
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee	
					Schedule B (Form 990) (2021)	

 Section 5 f the organiza 		on 501(c)(3)) organizations: Complete	Parts I-A and C below. L	Do not complete Part I-B.	
f the organiza	27 organizations: Comp				
 Section 5 	0 1	on Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, line 4	7 (Lobbying Activities), the	ı
	01(c)(3) organizations	that have filed Form 5768 (election u	Inder section 501(h)): Co	omplete Part II-A. Do not com	nplete Part II-B.
 Section 5 	01(c)(3) organizations	that have NOT filed Form 5768 (elec	tion under section 501(h))): Complete Part II-B. Do no	ot complete Part II-A.
⊺ax) (Seé sepa	arate instructions), ther		y Tax) (See separate ii	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
		anizations: Complete Part III.			
lame of organ	lization			Employer ide	ntification number
PKD FOUNI					266906
Part I-A	Complete if the o	rganization is exempt under	r section 501(c) or	is a section 527 orga	nization.
1 Provide	a description of th	ne organization's direct and inc	lirect political camp	aign activities in Part	IV. See instructions fo
definitio	on of "political campa	lign activities."			
2 Politica	l campaign activity ex	xpenditures. See instructions			
3 Volunte	er hours for political	campaign activities. See instruction	ons		
Part I-B		organization is exempt under			
1 Enter th	ne amount of any exc	ise tax incurred by the organizati	on under section 495	5 ▶\$	
		ise tax incurred by organization r			
		a section 4955 tax, did it file Form			
	-		-		
	' describe in Part IV.				
Part I-C		organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
		xpended by the filing organizatio			<u>/-</u>
activitie	s			▶\$	
		g organization's funds contribute			
527 ex		es		▶\$	
3 Total e	xempt function expe	enditures. Add lines 1 and 2. Er	nter here and on Fo	rm 1120-POL,	
3 Total ex line 17t	xempt function expe	nditures. Add lines 1 and 2. Er	nter here and on Fo	rm 1120-POL, ▶\$	
3 Total exline 17t4 Did the	xempt function expe o filing organization file	enditures. Add lines 1 and 2. Er	nter here and on Fo	rm 1120-POL, ▶\$	YesNo
 3 Total explored for the second sec	xempt function expe filing organization file ne names, addresses	enditures. Add lines 1 and 2. Er e Form 1120-POL for this year? and employer identification num	nter here and on For ber (EIN) of all section	rm 1120-POL, ▶\$ on 527 political organiz	Yes No
 3 Total explanation 1 Ine 17t 4 Did the 5 Enter the organiz 	xempt function expe filing organization file te names, addresses ation made payments	enditures. Add lines 1 and 2. Er e Form 1120-POL for this year? and employer identification num s. For each organization listed, e	nter here and on For ber (EIN) of all section nter the amount paid	rm 1120-POL, ▶\$ on 527 political organiz d from the filing organiz	tions to which the filing ration's funds. Also ente
 Total explanation Iine 17h Did the Enter the organiz the amount 	xempt function expe filing organization file le names, addresses ation made payments punt of political cont	enditures. Add lines 1 and 2. Er e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro-	nter here and on For ber (EIN) of all section nter the amount paid mptly and directly de	rm 1120-POL, ▶\$ on 527 political organiz d from the filing organiz livered to a separate po	. Yes No ations to which the filing ation's funds. Also ente plitical organization, such
 3 Total e: line 17b 4 Did the 5 Enter the organiz the among as a sep 	sempt function expe filing organization file ne names, addresses ation made payments ount of political cont parate segregated fun	e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro- ind or a political action committee	ter here and on For ber (EIN) of all section nter the amount paid mptly and directly de (PAC). If additional sp	rm 1120-POL, ▶ \$ on 527 political organiz d from the filing organiz livered to a separate po bace is needed, provide i	Yes No ations to which the filing ration's funds. Also ente olitical organization, such nformation in Part IV.
 Total explanation Total explanation Ine 17th Did the Enter the organiz the among as a separation 	xempt function expe filing organization file le names, addresses ation made payments punt of political cont	enditures. Add lines 1 and 2. Er e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro-	nter here and on For ber (EIN) of all section nter the amount paid mptly and directly de	rm 1120-POL, ▶ \$ on 527 political organiz d from the filing organiz livered to a separate po bace is needed, provide i (d) Amount paid from	Yes No ations to which the filing ration's funds. Also ente olitical organization, such nformation in Part IV. (e) Amount of political
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 3 Total e: line 17b 4 Did the 5 Enter the organiz the among as a sep 	sempt function expe filing organization file ne names, addresses ation made payments ount of political cont parate segregated fun	e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro- ind or a political action committee	ter here and on For ber (EIN) of all section nter the amount paid mptly and directly de (PAC). If additional sp	rm 1120-POL, ► \$ on 527 political organiz d from the filing organiz livered to a separate po- bace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filing cation's funds. Also ente olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
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 3 Total e: line 17t 4 Did the 5 Enter the amount of the amo	sempt function expe filing organization file ne names, addresses ation made payments ount of political cont parate segregated fun	e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro- ind or a political action committee	ter here and on For ber (EIN) of all section nter the amount paid mptly and directly de (PAC). If additional sp	rm 1120-POL, ► \$ on 527 political organiz d from the filing organiz livered to a separate po- bace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filing cation's funds. Also ente olitical organization, such nformation in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

SCHEDULE C

Department of the Treasury

(Form 990)

OMB No. 1545-0047



Sch	edule C (Form 990) 2021 PKD FO	UNDATION	43-	-1266906 Page 2		
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under		
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	per's name,		
B Check ► if the filing organization checked box A and "limited control" provisions apply.						
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	NONE			
k	 Total lobbying expenditures to influence 	a legislative body (direct lobbying)	174,062.			
c	: Total lobbying expenditures (add lines 1	174,062.				
c	d Other exempt purpose expenditures		7,184,255.			
e	• Total exempt purpose expenditures (ad	d lines 1c and 1d)	7,358,317.			
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both				
	_columns.		517,916.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
ç	g Grassroots nontaxable amount (enter 28	5% of line 1f)	129,479.			
ł	N Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-				
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720			
	reporting section 4911 tax for this year?			Yes X No		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a	Lobbying nontaxable amount	558,498.	512,097.	490,732.	517,916.	2,079,243.		
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,118,865.		
с	Total lobbying expenditures	55,000.	60,000.	130,234.	174,062.	419,296.		
d	Grassroots nontaxable amount	139,625.	128,024.	122,683.	129,479.	519,811.		
e	Grassroots ceiling amount (150% of line 2d, column (e))					779,717.		
f	Grassroots lobbying expenditures				NONE	NONE		

Schedule C (Form 990) 2021

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For	For each "Vec." represents on lines to through the below provide in Port IV a detailed		a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

 Part III-B
 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

 1
 Dues accomments and similar exempts

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULI	ΞD
(Form 990)

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.

20 2 **Open to Public**

OMB No. 1545-0047

	rtment of the Treasury		Attach to Form 990.	d the latest inform		Open to Public Inspection
Internal Revenue Service Content of the organization Employer identia						
	-					
	FOUNDATION	tions Maintaining Donor Advi	isod Eunds or Othor Sin	ailar Eunde or	43-12669	06
Гa		e if the organization answered			Accounts.	
	Complete		(a) Donor advised f		(b) Funds and	other accounts
1	Total number at e	nd of year	(.,		(1)	
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor	advisors in writing that th	ne assets held	in donor advised	
	•	anization's property, subject to the	•			Yes No
6	-	ion inform all grantees, donors, a	-	-		
	only for charitable	e purposes and not for the benef	fit of the donor or donor a	dvisor, or for a	any other purpose	
	conferring imperm	nissible private benefit?				Yes No
Ра		tion Easements.				
		e if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	, recreation or education)		of a historically imp	
		of natural habitat		Preservation	of a certified histor	ic structure
2		n of open space	ald a qualified appearuation	o o o o tributio o in	the form of a cons	antotion
2		a through 2d if the organization he last day of the tax year.	eia a quaimea conservatior	i contribution ir		End of the Tax Year
•		onservation easements			2a	
a b		tricted by conservation easements			2b	
c	-	rvation easements on a certified			2c	
d		rvation easements included in (c		. ,		
		isted in the National Register			2d	
3		rvation easements modified, tra			inated by the orga	nization during the
	tax year 🕨					-
4	Number of states	where property subject to conse	rvation easement is located	▶		
5	Does the organiz	ation have a written policy reg	parding the periodic moni	itoring, inspect	ion, handling of	
	violations, and enf	orcement of the conservation eas	sements it holds?			🗌 Yes 🔛 No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	, and enforcing	conservation easeme	ents during the year
	►					
7		ses incurred in monitoring, inspect	ting, handling of violations, a	and enforcing c	onservation easeme	ents during the year
•	►\$				470(h)(4)(D)())	
8		vation easement reported on line 2				
9)(4)(B)(ii)? ibe how the organization reports				└── Yes └── No
9		id include, if applicable, the text of			•	
		counting for conservation easeme				
Ра		tions Maintaining Collections		ures, or Othe	r Similar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Par	t IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to repo	rt in its revenu	e statement and b	alance sheet works
	of art, historical	treasures, or other similar asset	ts held for public exhibiting to its financial statements to	on, education,	or research in fui	therance of public
b	-	n elected, as permitted under FA				
D		sures, or other similar assets hel				
	provide the follow	ing amounts relating to these iter	ns:			•
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$_	
		ed in Form 990, Part X				
2	-	n received or held works of a			assets for financia	l gain, provide the
		s required to be reported under F.			L -	
a ⊾	Revenue included	on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·	
b	Assets included It	11 UIII 990, Fail A				

Schedule D	(Form 990)) 2021
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Part III Organization squitston, accesso, and other records, check any of the following that make significant use of its collection terms (check all that apply): d Loan or exchange program a Public exhibition d Loan or exchange program e Other b provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Soring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c Droving the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be solid to raise funds raiher than to be maintained as part of the organization's collection? Yes No PartN Escrow and Custodial Arrangements. Complete If the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trues e, custodian or other intermediary for contributions or other assets not include an form 990, Part X, line 21. Include the organization and the XIII. Include the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Ack the ref if the explanation has been provided on Part XIII. Include the organization answered 'Yes' on Form 990, Part IV, line 10. Include the organization answered 'Yes' on Form 990, Part IV, line 10. Include the or	Schee		FOUNDATION				43-1266906	
collection items (check all that apply): d Loan or exchange program a Public exhibition d Converting the program of the p	Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical	Treasures, o	or Other Similar	Assets (continue	d)
a Public exhibition d Clean or exchange program c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 2xt1/W Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angenent in Part XIII and complete the following table: Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Imount Yes No b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII No If 'Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If 'Yes' explain the arrangement in Part XIII. Check here if the exe	3	Using the organization's acquisitio	n, accession, and o	other records, c	heck any of th	ne following that r	nake significant u	se of its
b Scholarly research c Other 4 Preservation for future generations 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization during the year. 1b If "Yes", explain the arrangement in Part XIII and complete the following table: 1c Idditions during the year. 1d Idditions during the year. 2b Distributions during the year. 1c Idditions during the year. 2b Idthe organization include an amount on Form 990, Part X, line 21, for exerve or custodial account tability? Yes: 2b Distributions during the year. Id 2cmplete if the organization include an amount on Form 990, Part X, line 21, for exerve or custodial account tability? Yes: 2b Distributions Intel organization include an amount on Form 990, Part X, line 21, for exerve or custodial account tability? 2b other organization include an amount on Form 990, Part X, line 21		collection items (check all that appl	y):					
b Scholarly research e Other 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection',	а	Public exhibition		d Lo	an or exchang	e program		
c Preservation for future generations 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 or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent. Tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and generation and generation and generation include an amount on Form 990, Part X, line 21. 1 Is the organization and generation include an amount on Form 990, Part X, line 21, for secrew or custodial account lability? Yes No 1 Ending belance 11 Interpretation (Part 990, Part X, line 21, for secrew or custodial account lability? Yes No 1 Part Y Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No 1 Beginning of year balance. 10, 219, 232, 2432, 2432, 2434, 2459, 234, 2459, 234, 2459, 234, 2459, 234, 2459, 234, 2459, 234,	b	Scholarly research						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part V, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 9, or reported an amount on Form 990, Part V, line 11. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for eacy or custodial account liability? Yes No If Yes, 'explain the arrangement in Part XIII and complete the following table: Camplete if the organization include an amount on Form 990, Part X, line 21, for eacy or custodial account liability? Yes No If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Out the organization include an amount on Form 990, Part X, line 21, for eacy or custodial account liability? Yes No If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Out the organization include an amount on Form 990, Part X, line 21, for expanse to (0) Three years back (0) Four years back Complete if the organization answered Yes' on Form 990, Part X, line 10. Iso 272, 033. Contributions	с		ations					
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part/W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 11 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Yes No 12 Biginning balance 14 Image: Complete if the organization angenent in Part XIII and complete the following table: Amount Image: Complete if the organization angenent in Part XIII. No 13 Bid organization angement in Part XIII. Check here if the explanation has been provided on Part XIII. No If the organization angement in Part XIII. No 14 Distributions Complete if the organization angement in Part XIII. Complete if the organization angenent in Part XIII. Complete if the organization angenent in Part XIII. Complete if the organization angenent in Part XIII. Complete if the				and explain h	ow they furthe	r the organization	's exempt purpose	e in Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part X, line 21. 1a Is the organization include an amount on Form 190, Part X, line 21. Amount Amount 1d Amount Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. No If 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. Image: second se	-					g		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization an agent, trustee, custodian or other intermediary for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. No Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance	5		n solicit or receive o	Ionations of art	historical treas	ures or other simi	lar	
Part IV Escrow and Custodial Arrangements. Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Image: Contributions or other assets not included on Form 990, Part X?. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Contributions during the year. Image: Contributions during the year. c Distributions during the year. Image: Contributions during the year. Image: Contributions during the year. Image: Contribution during the year. c Distributions during the year. Image: Contribution during the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions	5							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. 1d 1d e Distributions during the year. 1a Ending balance 1a Ending balance 1a Ending balance 1b If 'tes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2a Did the organization include an amount on Form 990, Part XI, line 10. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Contributions . 10.982.984.14.593.344.4.597.077.4.0.794.4.2.9461.431. 1a Beginning of year balance 15.972.989.14.599.343.4.4.597.077.4.0.794.4.22.6461.431. 1b Ontributions 5 or facilities and programs . -2.726.381.3.894.361.4.599.707.4.077	Da							
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d Image: State S	I a		-	s" on Form 90	0 Part IV lin	o 9 or reported a	an amount on Fo	m
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No 1a Ending balance. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Yes No Part V Endong balance. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' and part and programs. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1b Grants or scholarships Image: Complete if the organization answered 'Yes' on Form 990, Part IV,				5 011 0111 33	0, i aitiv, iii	e 3, or reported a		
Included on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No b Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year back (b) Procey 744, 2, 260, 433, 1, 081, 084, 081, 202, 200, 08, 14, 021, 0831, 084, 084, 084, 084, 084, 084, 084, 084	10		too quatadian ar a	thar intermedia	ny for contribu	tions or other or		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c d Additions during the year 1d d Id 1d d Id 1d d Id 1d d Id 1d d Distributions during the year 1d d Id 1d d Distributions during the year 1d d Distributions during the year 1d d Distributions during the year No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No D Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. No Contributions	Ta				-			
c Beginning balance Amount d Additions during the year. 1d							Yes	
c Beginning balance Ic Id d Additions during the year,	b	If "Yes," explain the arrangement li	h Part XIII and comp	piete the followin	g table:			
d Additions during the year,							Amount	
e Distributions during the year						:		
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If *Ves: "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back </th <th>d</th> <th></th> <th></th> <th></th> <th></th> <th>I</th> <th></th> <th></th>	d					I		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Three years back (e) Four years back 1a Beginning of year balance 18.972.089. 14.598.334. 4.597.077. 4.079.744. 2.950.433. b Contributions -	е					•		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c. 18.9°2.089 1d 19.9°2.089 1d 569.042.300 409.814 1,021,831. 1c. Net investment earnings, gains, and losses -2,726,381. 3.894.361 399.614. 276,814. 227,220.381 3.894.361. 399.614. 276,814 202.022.020. d Grants or scholarships -2,726,381. 115,136. 148,064. 108,000. 120.973. 90.031. 40,657. 21.231. 136,740. 171.01.843. 18,972.089. 14,598.334. 4,597.077. 4,079,744. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \blacktriangleright 34.4000 % B Permanent endowment \blacktriangleright 34.4000 % See.78.000 % See.78.000 % See.78.000 % See.78.000 % See.78.000 % <th>-</th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	-	-						
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a	Did the organization include an am	ount on Form 990,	Part X, line 21,	for escrow or c	ustodial account lia	ability? Yes	No No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explana	ation has been p	provided on Part XI	<u> </u>	
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 18,972,089. 14,598,334. 4,597,077. 4,079,744. 2,950,433. b Contributions 1.081.064. 569,425. 9,642,300. 409,814. 1,021,831. c Net investment earnings, gains, and losses -2,726,381. 3,894,361. 399,614. 276,814. 222,220. d Grants or scholarships -	Ра							
1a Beginning of year balance		Complete if the organiza	tion answered "Ye	es" on Form 99	0, Part IV, lin	e 10.		
1 Degrinime of your deduces 111 1,081,064. 569,425. 9,642,300. 409,814. 1,021,831. c Net investment earnings, gains, and losses.			(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Three	years back (e) Four y	ears back
b Contributions 1,081,064. 569,425. 9,642,300. 409,814. 1,021,831. c Net investment earnings, gains, and losses -2,726,381. 3,894,361. 399,614. 276,814. 222,220. d Grants or scholarships - - -2,726,381. 3,99,614. 276,814. 222,220. e Other expenditures for facilities and programs -	1a	Beginning of year balance	18,972,089.	14,598,33	4. 4,597	,077. 4,0	79,744. 2,9	60,433.
c Net investment earnings, gains, and losses			1,081,064.	569,42	5. 9,642	, 300. 4	09,814. 1,0	21,831.
and losses								
d Grants or scholarships	C		-2,726,381.	3,894,36	L. 399	,614. 2	76,814. 2	22,220.
e Other expenditures for facilities and programs	Ь							
and programs 115,136. 148,064. 108,000. f Administrative expenses 109,793. 90,031. 40,657. 21,231. 16,740. g End of year balance 17,101,843. 18,972,089. 14,598,334. 4,597,077. 4,079,744. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 34.4000 % b Permanent endowment ► 5.8000 % Term endowment ► 5.8000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x b f "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(ii) x Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value		-						
inde programs 109,793. 90,031. 40,657. 21,231. 16,740. g End of year balance. 17,101,843. 18,972,089. 14,598,334. 4,597,077. 4,079,744. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 34.4000 % b Permanent endowment ▶ 59,8000 % Term endowment ▶ 59,8000 % c Term endowment ▶ 59,8000 % main term endowment ▶ 59,8000 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation deguiges (a) Land, Suidings Suidings Suidings Suidings c Leasehold improvements 885,230. 575,023. 310,207. e Other Other 885,230. 575,023. 310,207. <th>е</th> <th>-</th> <th>115 136</th> <th></th> <th></th> <th>1</th> <th>48 064 1</th> <th>08 000</th>	е	-	115 136			1	48 064 1	08 000
g End of year balance 17,101,843. 18,972,089. 14,598,334. 4,597,077. 4,079,744. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 34.4000 % b Permanent endowment ▶ 5.8000 % c Term endowment ▶ 59.8000 % c Term endowment ▶ 59.8000 % c Term endowment ▶ 59.8000 % s A re there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 34.400 reganizations isted as required on Schedule R? 3a(i) x s b If "Yes" on line 3a(ii), are the related organization's endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land Importent 885, 230.575, 023.310, 207. e Other Other 310, 207.				90.03	1 40			
g End of yeld buttors in the first part of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 34.4000 % b Permanent endowment ▶ 59.8000 % c Term endowment ▶ 59.8000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		-						
a Board designated or quasi-endowment ▶ 34.4000 % b Permanent endowment ▶ 5.8000 % c Term endowment ▶ 59.8000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (i) Unrelated sa (ii), are the related organizations listed as required on Schedule R? (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Acccumulated depreciation (d) Book value (d) Book value (d) Book value (other) (e) Accumulated depreciation (f) Book value (other) (d) Book value (e) Accumulated depreciation (f) Book value (f) Book value 		-			I		57,077. 170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Permanent endowment ▶ 5.8000 % c Term endowment ▶ 59.8000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value b Buildings (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value d Equipment. 885, 230. 575, 023. 310, 207. e Other 0		Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held as:		
c Term endowment ▶				70				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations. 3a(i) x (ii) Related organizations. 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land. b Buildings c Leasehold improvements. d Equipment. 885, 230. 575, 023. 310, 207. e Other	C			1000/				
organization by: Yes No (i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Obscription of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land.	0		•					
(i) Unrelated organizations. 3a(i) x (ii) Related organizations. 3a(i) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 9 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land.	3a		the possession of th	ne organization	inat are neid al	nd administered for		
(ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.								X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b		•				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4			tion's endowmer	nt funds.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Ра	rt VI Land, Buildings, and Equ	ipment.	os" on Form O	0 Port IV lin	o 110 Soo Form	000 Part V line	10
Ia Land (investment) (other) depreciation b Buildings								
b Buildings								
c Leasehold improvements	1a	Land						
c Leasehold improvements	b	Buildings						
d Equipment 885,230. 575,023. 310,207. e Other 310,207.	с	_						
e Other	d	•			885,230.	575,023.	310),207.
						,		· · · ·
		I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, co	lumn (B), line 1	0c.)	310),207.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

	Complete if the organization answer	ed "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 valuati Cost or end-of-year marke	
(1) Financi	al derivatives			
(2) Closely	held equity interests	•		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒	•		
Part VIII	Investments - Program Related. Complete if the organization answer	ed "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 valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	· •	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (E	3) line 15.)		
Part X	Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Desc	cription of liability		(b) Book value
(1) Fede	ral income taxes	-		
(2)CAPIT	AL LEASE LIABILITY			154,752.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 2	5.)	<u> </u>	154,752.

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.

JSA 1E1270 1.000

Schedu	le D (Form 990) 2021 PKD FOUNDATION	43-	1266906 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	15,948,606.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments 2a3,171,515.						
b	Donated services and use of facilities						
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.) 267,064.						
е	Add lines 2a through 2d	2e	-2,524,342.				
3	Subtract line 2e from line 1	3	18,472,948.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,472,948.				
Part	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	8,005,490.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities						
b	Prior year adjustments						
с	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	2e	647,173.				
3	Subtract line 2e from line 1	3	7,358,317.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.)						
с	Add lines 4a and 4b	4c					
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,358,317.				
Dout	XIII Supplemental Information.						

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT IS INTENDED TO FUND RESEARCH PROJECTS IN SUPPORT OF OUR VISION TO END PKD.

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE FOUNDATION DOES NOT OPERATE AS A PRIVATE FOUNDATION. ALTHOUGH IT IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON ITS PRINCIPAL OPERATIONS, THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAXES ON THE NET INCOME FROM ANY OPERATIONS IDENTIFIED BY THE INTERNAL REVENUE SERVICE TO GENERATE UNRELATED BUSINESS INCOME. NO SUCH UNRELATED BUSINESS INCOME TAX WAS INCURRED DURING 2021 OR 2020. THE FOUNDATION FOLLOWS THE STANDARDS FOR EVALUATING UNCERTAIN TAX POSITIONS AND HAS DETERMINED NO LIABILITY SHOULD BE RECORDED FOR UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D

LOSS ON DISPOSAL OF FIXED ASSETS	\$ 56,668
SPECIAL EVENT EXPENSES	210,396
TOTAL	\$ 267,064

Schedule D (Form	990) 2021 PKD	FOUNDATION				43-1266906	Page 5
Part XIII	Supplemental Informat	ion (continued)					
SCHEDULE	D, PART XII, LINE	2D					
LOSS ON I	DISPOSAL OF FIXED	ASSETS	\$ 56,6	568			
SPECIAL E	EVENT EXPENSES		210,3	396			
TOTAL			\$ 267,0)64			

SCHEDULE F (Form 990)		Statement of Activities Outside the United St	ates 📙	омв №. 1545-0047 20 21				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	5, or 16.					
Department of the Treasury Internal Revenue Service		► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection					
Name of the organization Employer				dentification number				
PKD	FOUNDATION	43-126	266906					
Par	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.							
1	-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to					

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	NONE	NONE	GRANTMAKING		40,000.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		40,000.
(3) EUROPE	NONE	NONE	GRANTMAKING		160,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(16)</u>					
<u>(17)</u>					
 3a Subtotal b Total from continuation sheets to Part I 	NONE	NONE			240,000.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	NONE the Instruction	NONE s for Form 990.		Schedule	240,000. F (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000 1917RV K922 05/05/2023 08:10:25 V21-7.15 0050113

Schedule F (Form 990) 2021

Part II

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PKD RESEARCH	40,000.	WIRE			
(1)			NORTH AMERICA	FRD RESEARCH	40,000.	WIRE			
(2)			EAST ASIA/PACIFIC	PKD RESEARCH	40,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PKD RESEARCH	80,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PKD RESEARCH	80,000.	WIRE			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities. 3

NONE Schedule F (Form 990) 2021

4

Page 2

PKD FOUNDATION Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

43-1266906

Part III

43-1266906 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
6)							
7)							
18)							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Foreign Forms

Part IV

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

GRANTS ARE TWO YEAR COMMITMENTS AND REQUIRE AN INTERIM REPORT AFTER YEAR ONE AND A FINAL REPORT AFTER YEAR TWO. BOTH REPORTS REQUIRE A SUMMARY OF RESEARCH ACCOMPLISHMENTS VERSUS THE SPECIFIC AIMS OF THE GRANT, AND A RECONCILIATION OF THE USE OF GRANT FUNDS VERSUS THE APPROVED BUDGET.

SCHEDULE F, PART I, LINE 3

EXPENDITURES ARE REPORTED AT THE AMOUNT OF THE GRANT AWARDED AND ARE ACCOUNTED FOR USING THE SAME METHOD IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)	Complete if t	Information Re	red "Yes" or	Form 990, F	art IV, line 17, 18, or 1	•	OMB No. 1545-0047
· · ·		organization entered n Attach		5,000 on For) or Form 990			
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form					Open to Public Inspection
Name of the organization						Employer identificati	
PKD FOUNDATION						43-12669	06
	g Activities. Comp	lete if the organi	ization ar	nswered "	Yes" on Form 99		
Form 990-	EZ filers are not re	quired to comple	te this pa	art.			
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a 🔄 Mail solicita	tions	е	Solid	citation of	non-government g	Irants	
b Internet and	email solicitations	f	Solid	citation of	government grants	S	
c Phone solic	itations	g	Spe	cial fundra	ising events		
d 🔄 In-person so	olicitations						
b If "Yes," list the	tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody of	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
C C							
6							
7							
8							
9							
10							
Total				•			
	which the organiza				contributions or	has been notified	l it is exempt from
registration or lic							
<u> </u>	č						

Schedule G (Form 990) 2021

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

_		3	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK FOR PKD	CONFERENCE/PKDC	1	(add col. (a) through
~			(event type)	(event type)	(total number)	col. (c))
Revenue						
ver	1	Gross receipts	978,634.	265,700.	935,290.	2,179,624.
Re						
_	2	Less: Contributions	924,929.	265,700.	911,829.	2,102,458.
	3	Gross income (line 1 minus				
		line 2)	53,705.		23,461.	77,166.
	4	Cash prizes				
	5	Noncash prizes				
s						
se	6	Rent/facility costs	18,284.	12,683.		30,967.
en						
Direct Expenses	7	Food and beverages	7,961.			7,961.
ы		• • • • • • • • • • • • • • • • • • • •	· · · ·			
ie	8	Entertainment				
	9	Other direct expenses	20.917.	43,999.	106,552.	171,468.
					,	
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	►	210,396.
	11	Net income summary. Subtract li	ne 10 from line 3. colu	umn (d)	· · · · · · · · · · · · · · · · · · ·	-133,230.
Ра						
		\$15,000 on Form 990-EZ, lin				
Ф			. .	(b) Pull tabs/instant	() 04	(d) Total gaming (add
nu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
S	2	Cash prizes				
JSE	_					
bel	3	Noncash prizes				
Щ	-					
Direct Expenses	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
			1 1 1 0 0 70	// ////////////////////////////////////	1 100 70	

6 Volunteer labor		Νο		No	_ N	10		
7 Direct expense summary. Add line	es 2	through 5 in colur	าท (d)				
8 Net gaming income summary. Su	btra	act line 7 from line	1, c	olumn (d)			►	

- **9** Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Sched	lule G (Form 990 or 990-EZ) 2021 PKD FOUNDATION	43-126690	06 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	1	
	formed to administer charitable gaming?		es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	I 3a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and	
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives ga	aming	
	revenue?		es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	ind the	
	amount of gaming revenue retained by the 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 Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proc	ceeds to	
	retain the state gaming license?		es 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).		

SCHEDULE I (Form 990)				Assistance t ndividuals in	-	•	-	омв №. 1545-0047 20 21
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection
Name of the organization							Employer identificat	ion number
PKD FOUNDATION							43-1266906	
Part I General In	nformation on Grants and	d Assistanc	9				·	
the selection crite 2 Describe in Part Part II Grants an	ation maintain records to se eria used to award the grant IV the organization's procee d Other Assistance to D	s or assistanc dures for mor omestic Or	e? nitoring the use ganizations ar	of grant funds in the	e United States. vernments. Com	plete if the organiz	ation answered "א	X Yes No Yes" on Form 990,
Part IV, lin	e 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	needed.	
	l address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITA	I MEDICAL CENTER							
3333 BURNET AVENUE CIN		31-0833936	501(C)(3)	80,000.				INVESTIGATOR GRANT
(2) CLEVELAND CLINIC F								
9500 EUCLID AVENUE CLE		34-0714585	501(C)(3)	80,000.				INVESTIGATOR GRANT
(3) ICAHN SCHOOL OF ME								
ONE GUSTAVE L. LEVY PL		13-6171197	501(C)(3)	80,000.				INVESTIGATOR GRANT
(4) CHILDRENS HOSPITAL	OF PHILADELPHIA RESEARCH							
3401 CIVIC CENTER BLVD		23-1352166	501(C)(3)	80,000.				INVESTIGATOR GRANT
(5) UNIVERSITY OF COLO	RADO DENVER							INVESTIGATOR GRANT
1800 GRANT STREET SUIT		84-6000555	501(C)(3)	190,000.				DRUG REPURPOSING
(6) MEDICAL COLLEGE OF	WISCONSIN							
8701 WATERTOWN PLANK R		39-0806261	501(C)(3)	80,000.				INVESTIGATOR GRANT
(7) UNIVERSITY OF TEXA	S SOUTHWESTERN MEDICAL CE							
5323 HARRY HINES BLVD.	DALLAS, TX 75390	75-6002868	GOVT	80,000.				INVESTIGATOR GRANT
(8) UNIVERSITY OF KANS	AS MEDICAL CENTER RESEARC							
3901 RAINBOW BLVD KANS		48-1108830	501(C)(3)	160,000.				INVESTIGATOR GRANT
(9) UNIVERSITY OF OKLA	HOMA HEALTH SCIENCE CENTE							
862 RESEARCH PKWY, SUI		73-1563627	GOVT	80,000.				INVESTIGATOR GRANT
(10) UNIVERSITY OF SOUT	HERN CALIFORNIA							
3500 SOUTH FIGUEROA ST		95-1642394	501(C)(3)	30,000.				DRUG REPURPOSING
(11) UNIVERSITY OF CALI	FORNIA, SAN FRANCISCO							
1855 FOLSOM STREET, SU		94-6036493	501(C)(3)	60,000.				FELLOWSHIP GRANT
(12) UNIVERSITY OF ALAB	BAMA AT BIRMINGHAM							
801 5TH AVENUE SOUTH B		63-6005396	501(C)(3)	60,000.				FELLOWSHIP GRANT
2 Enter total number	er of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tat	ble			15
	er of other organizations list							NONE

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

Schedule I (Form 990) 2021

SCHEDULE I (Form 990)	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	າ.		Inspection	
Name of the organization							Employer identificat	ion number	
PKD FOUNDATION							43-1266906		
	nformation on Grants a								
the selection crit	zation maintain records to reria used to award the gra	ants or assistand	æ?					Yes No	
2 Describe in Part	IV the organization's proc	cedures for mor	nitoring the use	of grant funds in the	e United States.				
	nd Other Assistance to ne 21, for any recipien		-			additional space is r		′es" on Form 990,	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) YALE UNIVERSITY								INVESTIGATOR GRANT /	
150 MUNSON STREET NEW	HAVEN, CT 06511	06-0646973	501(C)(3)	140,000.				FELLOWSHIP GRANT	
(2) MAYO CLINIC								FELLOWSHIP GRANT /	
200 FIRST STREET SW R	OCHESTER, MN 55905	41-6011702	501(C)(3)	100,000.				CENTER OF EXCELLENC	
(3) RUTGERS									
33 KNIGHTSBRIDGE RD P	ISCATAWAY, NJ 08854	22-6001086	GOVT	60,000.				FELLOWSHIP GRANT	
_(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
	per of section 501(c)(3) ar per of other organizations								

PKD FOUNDATION

43-1266906

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
KAPLAN AWARD	1	50,000.			
3					
4					
5					
6					
7					

SCHEDULE I, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL RESEARCH PROGRESS REPORT

AND AN ANNUAL INSTITUTIONAL FINANCIAL REPORT.

SCH	EDULE J	Comper	sation Information	OI	MB No. '	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	91	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	<u>K</u>		
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen to Inspe		
	of the organization			Employer identification			
PKD	FOUNDATIO	N		43-126690	5		
Part	Question	ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers provide any relevant information regarding				
		ss or charter travel		-			
		or companions	Housing allowance or residence for Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
				· · ·			
b	If any of the	boxes on line 1a are checked, did the	ne organization follow a written policy re openses described above? If "No," com	egarding payment			
	explain			ipiele Fait III lo	1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line			
	1a?				2		
3	Indicate whicl	h, if any, of the following the organization	on used to establish the compensation of	the			
			at apply. Do not check any boxes for metho				
		•	e CEO/Executive Director, but explain in P	art III.			
		nsation committee	X Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	Form 99	90 of other organizations	X Approval by the board or compensation	ation committee			
4			Part VII, Section A, line 1a, with respect t	o the filing			
2		or a related organization:	ayment?		4a		X
a b			Ital nonqualified retirement plan?		4b		X
c			sed compensation arrangement?		4c		X
•			rovide the applicable amounts for each it				
		,					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9.				
5	For persons	listed on Form 990, Part VII, Sect	ion A, line 1a, did the organization pa	ay or accrue any			
	compensation	n contingent on the revenues of:					
а	The organizat	ion?			5a		Х
b	•	•			5b		Х
		e 5a or 5b, describe in Part III.					
6	-		ion A, line 1a, did the organization pa	ay or accrue any			
	•	n contingent on the net earnings of:					
a					6a		X
b					6b		X
_		e 6a or 6b, describe in Part III.	- A 19-2 A. 191-31 - 19-31	1			
7			on A, line 1a, did the organization proves lescribe in Part III		7		x
8			paid or accrued pursuant to a contract the				
Ū			Regulations section 53.4958-4(a)(3)?				
		-			8		x
9			low the rebuttable presumption proced		-		
			· · · · · · · · · · · · · · · · · · ·		9		

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

Schedule J (Form 990) 2021

Schedule J	(Form 990) 2021	PKD FOUNDATION	43-1266906	Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL MRUG	(i)	77,975.	NONE	NONE	NONE	NONE	77,975.	NONE
1 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW BETTS	(i)	252,341.	24,033.	236.	27,638.	36,023.	340,271.	NONE
2 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTOPHER RUSCONI	(i)	191,900.	19,000.	393.	21,099.	35,698.	268,090.	NONI
3 CHIEF RESEARCH OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONI
CHAD ISEMAN	(i)	173,760.	16,000.	135.	18,167.	30,646.	238,708.	NONI
4 CHIEF ADVANCEMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NON
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
12	(i)							
13	(ii)							
15	(i)							
14	(ii)							
17	(i)							
15	(ii)							
19	(i)							
4.0	(i) (ii)							
16	(1)							L

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 PKD FOUNDATION 43-1266906	Page 3

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 PART II & FORM 990, PART VII, SECTION A, LINE 5

THE COMPENSATION REPORTED FOR MICHAL MRUG IS PAID BY THE UNIVERSITY OF

ALABAMA, AN UNRELATED ORGANIZATION. THE AMOUNT REPORTED IS THE AMOUNT

PAID TO THE UNIVERSITY DURING CALENDAR YEAR 2021 TO COVER A PERCENTAGE OF

HIS COMPENSATION.

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.

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

2021 **Open to Public** Inspection

Name of the organization

Employer identification	number
43-1266906	

PKD	FOUNDATION				43-1266906			
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line				
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	Х	15	34,900). FAIR MARK	ET V	ALUE	3
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	20	2,467,529). FAIR MARK	ET V	ALUE	3
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 ▶()							
26	Other ►()							
	Other ▶()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions f	or			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			1
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	lines 1 through			
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and whic	h isn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	tance policy that require	s the review of ar	ny nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which columr	ו (a) is checked,			
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Instr	uctions for Fo	rm 990.		Schedule	e M (For	m 990) 2021

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

Part II 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.

SCHEDULE M, PART I, COLUMN B

THE NUMBERS IN THIS COLUMN ARE THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32B

VENDOR ENGAGED FOR VEHICLE DONATIONS. PKD FOUNDATION RECEIVES PROCEEDS

ONLY.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

PKD FOUNDATION

Employer identification number

FORM 990, PART III, LINE 4A

RESEARCH: SINCE ITS FOUNDING IN 1982, THE FOUNDATION HAS INVESTED MORE THAN \$50 MILLION IN RESEARCH, CLINICAL AND SCIENTIFIC GRANTS, AWARDS, FELLOWSHIPS AND SCIENTIFIC MEETINGS, MAKING IT THE LARGEST PRIVATE FUNDER OF POLYCYSTIC KIDNEY DISEASE (PKD) RESEARCH. THE FOUNDATION'S FINANCIAL COMMITMENT OVER THE YEARS HAS SEEN RESULTS ON A LOCAL, NATIONAL AND EVEN GLOBAL LEVEL, INCLUDING INITIATING FUNDING FOR YOUNG INVESTIGATORS FROM AROUND THE WORLD; SUPPORTING INNOVATIVE RESEARCH IDEAS; AND PROVIDING SEED FUNDING TO ALLOW RESEARCHERS WORLD-WIDE TO APPLY FOR LARGER NATIONAL INSTITUTE OF HEALTH (NIH) GRANTS. INITIATIVES INCLUDED IN RESEARCH ARE OUTLINED BELOW.

RESEARCH GRANTS: SUPPORT FOR BASIC LABORATORY RESEARCH AIMED AT INCREASING UNDERSTANDING OF THE GENETIC AND PATHOLOGICAL PROCESSES INVOLVED IN PKD AS WELL AS RESEARCH WITH AN OBVIOUS OR DIRECT POTENTIAL TO ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES.

RESEARCH FELLOWSHIPS: SUPPORT AND RECOGNIZE EARLY-CAREER SCIENTISTS WHOSE ACHIEVEMENTS AND POTENTIAL IDENTIFY THEM AS RISING STARS - THE NEXT GENERATION OF SCIENTIFIC LEADERS IN PKD RESEARCH. OUR FELLOWSHIPS AIM TO ATTRACT PROMISING TRAINEES WHO WILL OBTAIN SIGNIFICANT RESEARCH EXPERIENCE AS THEY INITIATE AND - WE HOPE - SPEND LONG AND PRODUCTIVE CAREERS IN PKD RESEARCH.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

PKD FOUNDATION

43-1266906 PKD OUTCOMES CONSORTIUM (PKDOC): A SIGNIFICANT COLLABORATION BETWEEN THE

FOUNDATION, CRITICAL PATH INSTITUTE, REPRESENTATIVES OF THE PHARMACEUTICAL INDUSTRY, PKD CLINICIANS, AND THE U.S. FOOD AND DRUG ADMINISTRATION (FDA). IT WAS CREATED TO FACILITATE CLINICAL TRIAL DEVELOPMENT FOR PKD THERAPIES BY ESTABLISHING A CLEAR REGULATORY PATHWAY FOR THE PHARMACEUTICAL INDUSTRY TO EVALUATE THE EFFECTIVENESS OF POTENTIAL TREATMENTS.

ADPKD REGISTRY: AN ONLINE, DIRECT-TO-PATIENT, LONGITUDINAL REGISTRY FOR INDIVIDUALS DIAGNOSED WITH ADPKD IN THE UNITED STATES. THE REGISTRY ALSO PROVIDES TARGETED CLINICAL STUDY RECRUITMENT FOR BOTH ACADEMIC AND INDUSTRY-SPONSORED STUDIES IN PATIENTS.

FORM 990, PART III, LINE 4B

AWARENESS AND ADVOCACY: THE FOUNDATION USES MARKETING TO INCREASE DISEASE AWARENESS, PROMOTE THE FOUNDATION'S SERVICES, AND INSPIRE THE PUBLIC TO SUPPORT THE FOUNDATION'S MISSION. MARKETING MATERIALS INCLUDE PKD LIFE MAGAZINE, A MONTHLY EMAIL NEWSLETTER, SOCIAL MEDIA, THE PKD BLOG, AND PKDCURE.ORG. IN ADDITION, FOUNDATION REPRESENTATIVES AND VOLUNTEERS DIRECTLY ENGAGE LEGISLATORS TO ENCOURAGE SUPPORT OF LEGISLATION THAT INCREASES FUNDING FOR AND AWARENESS OF PKD. THE FOUNDATION ADVOCATES FOR PKD PATIENTS IN POLICYMAKING, DRUG DEVELOPMENT, AND REGULATORY DECISION-MAKING AT THE STATE AND FEDERAL LEVEL. OUR GOALS ARE TO RAISE AWARENESS AND FURTHER LEGISLATION, REGULATION, AND FEDERAL FUNDING OPPORTUNITIES THAT IMPROVE THE LIVES OF EVERYONE IN THE PKD COMMUNITY.

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



PKD FOUNDATION

FORM 990, PART III, LINE 4C

EDUCATION AND SUPPORT: THE PKD FOUNDATION SUPPORTS THE PKD COMMUNITY THROUGH MORE THAN 55 VOLUNTEER-LED CHAPTERS ACROSS THE UNITED STATES. CHAPTERS PROVIDE MEANINGFUL OPPORTUNITIES FOR THE LOCAL COMMUNITY TO GATHER TOGETHER TO LEARN FROM EXPERTS OR IN SUPPORT OF EACH OTHER. CHAPTERS RAISE FUNDS FOR THE FOUNDATION THROUGH EVENTS LIKE COCKTAILS FOR A CURE AND THE WALK FOR PKD, THE FOUNDATION'S SIGNATURE EVENT TO RAISE FUNDS AND AWARENESS. WALKS TAKE PLACE IN MORE THAN 50 CITIES ACROSS THE NATION EACH YEAR AND HAVE RAISED OVER \$33 MILLION SINCE 2000. ON A NATIONAL LEVEL, THE PKD FOUNDATION EMPOWERS PKD PATIENTS AND CAREGIVERS TO MANAGE PKD WHILE MAINTAINING A HIGH QUALITY OF LIFE. THE FOUNDATION PROVIDES RESOURCES ACROSS THE CONTINUUM OF DISEASE PROGRESSION FOR PATIENTS, CAREGIVERS, PARENTS, ETC. RESOURCES INCLUDE WEBINARS, ENDURING WEBCASTS, VIDEOS, A COMPREHENSIVE WEBSITE (PKDCURE.ORG/EDUCATION), HANDBOOKS AND OTHER PRINT MATERIALS. THE ANNUAL PKD NATIONAL CONFERENCE (PKDCON) IS THE FOUNDATION'S LARGEST EDUCATION EVENT BRINGING TOGETHER THE ENTIRE PKD COMMUNITY INCLUDING, PATIENTS, CAREGIVERS, VOLUNTEERS, RESEARCHERS AND CLINICIANS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. PRIOR TO FILING THE FORM 990 FOR PKD FOUNDATION, A DRAFT COPY WILL BE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. ANY COMMENTS WILL BE ACCUMULATED BY MANAGEMENT AND ADDRESSED ACCORDINGLY PRIOR TO FILING WITH

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

43-1266906

Department of the Treasury Internal Revenue Service Name of the organization

PKD FOUNDATION

THE IRS.

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

MEMBERS OF THE BOARD OF DIRECTORS OF PKD FOUNDATION ARE REQUIRED TO SIGN AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST. THE EXECUTIVE COMMITTEE REVIEWS THE STATEMENTS AND ENSURES THAT BOARD MEMBERS ARE PROHIBITED FROM PARTICIPATING IN DISCUSSIONS OR DECISIONS RELATED TO TRANSACTIONS THAT INVOLVE ACTUAL CONFLICTS OF INTEREST. EMPLOYEES ARE REQUIRED TO SIGN AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST. THESE DOCUMENTS ARE REVIEWED AND CONFLICTS ARE MITIGATED BY THE CEO.

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

ANNUALLY, THE EXECUTIVE COMMITTEE WORKS WITH THE CEO TO DEVELOP THE CEO'S GOALS FOR THE NEW FISCAL YEAR. AT THE END OF EACH FISCAL YEAR, THE EXECUTIVE COMMITTEE EVALUATES THE CEO AGAINST THESE GOALS AND DETERMINES MERIT AND BONUS LEVELS BASED ON THEIR REVIEW. ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS A NATIONAL NONPROFIT COMPENSATION REPORT FOR COMPARABILITY DATA FOR THE CEO SALARY. AFTER A FULL REVIEW OF PERFORMANCE AND COMPARABILITY DATA, THE EXECUTIVE COMMITTEE VOTES TO APPROVE ANY SALARY INCREASE AND BONUS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR OWN WEBSITE AND UPON REQUEST.

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

PKD FOUNDATION

Employer identification number

FORM 990, PART VII, SECTION A, LINE 1

PKD FOUNDATION CONTRACTS WITH ADP TOTALSOURCE TO PROVIDE CERTAIN EMPLOYEE BENEFITS AND PAYROLL SERVICES. EMPLOYEES ARE CONSIDERED TO BE JOINTLY EMPLOYED BY BOTH PKD FOUNDATION AND ADP TOTALSOURCE. IN ORDER TO COMPLY WITH TRANSPARENCY DIRECTIVES AS A PART OF THE FORM 990, THE FOUNDATION HAS DECIDED TO REPORT COMPENSATION IN PART VII TO INCLUDE AMOUNTS PAID AND REPORTED ON W-2S BY ADP TOTALSOURCE.

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer identification number	
PKD FOUNDATION	43-1266906	

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	E	nployer identification number
PKD FOUNDATION	4	3-1266906
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICE	S COMPENSATION
MANIFEST		
228 E 45TH STREET 7TH FLOOR		
NEW YORK, NY 10017	MAGAZINE PUBLICATION	1 207,525.



1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

PKD FOUNDATION Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990-T For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1201 Walnut, Suite 1700 Kansas City MO 64106-2246

There is no tax due with the filing of this return.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-TE

Department of the Treasury Internal Revenue Service

Name of filer

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

43-1266906

PKD FOUNDATION

Name and title of officer or person subject to tax

CARMEN GLEASON, COO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part 1.

1a	Form 990 check here 🕨	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b				
2a	Form 990-EZ check here ►	4	Total revenue, if any (Form 990-EZ, line 9)				
3a	Form 1120-POL check here .	b	Total tax (Form 1120-POL, line 22)				
4a	Form 990-PF check here ►	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b				
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)				
6a	Form 990-T check here ► X		Total tax (Form 990-T, Part III, line 4)				
7a	Form 4720 check here ►		Total tax (Form 4720, Part III, line 1)				
8a	Form 5227 check here ►		FMV of assets at end of tax year (Form 5227, Item D)				
9a	Form 5330 check here ►	1	Tax due (Form 5330, Part II, line 19)				
10a	Form 8038-CP check here 🕨	1	Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b				
Part	Part II Declaration and Signature Authorization of Officer or Person Subject to Tax						

Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name

of entity) _______, (EIN) and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment, I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X I authorize FORVIS, LLP to enter my	PIN 8 6 2 4 3 as my signature					
ERO firm name	Enter five numbers, but do not enter all zeros					
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy o agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme return's disclosure consent screen.	f the return is being filed with a state					
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signatur filed return. If I have indicated within this return that a copy of the return is being filed with a state of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen.	e on the tax year 2021 electronically agency(ies) regulating charities as part					
Signature of officer or person subject to tax > arm (Clean Sign Here Date >	may 4,2023					
Part III Certification and Authentication						
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 3 7 2 2 4 4 Do not enter all zero	016					
Sertify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed ret am submitting this return in accordance with the requirements of Pub. 163 , Modernized e-File (MeF) Info Providers for Business Returns.	um indicated above. I confirm that I rmation for Authorized IRS <i>e-file</i>					
ERO's signature ► A A D A T A	05/04/2023					
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So						
For Privacy Act and Paperwork Reduction Act Notice, see back of form.	Form 8879-TE (2021)					

1X3008 3.000

For calendar year 2021 or other tax year beginning	Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OME	8 No. 1545-0	0047	
Department dream Department freemants Department freemants <thdepartment freemants<="" th=""> Department fr</thdepartment>			o <u>22</u>	2021					
Denote ter: SNn number on this form as it may be made public if your organization is a 501(3). Demoty elemination () A Check to all address changed. Manne of organization () Check tox it none changed and see instructions.) PKD FOUNDATION Demoty elemination () Check tox it none changed and see instructions.) PKD FOUNDATION Demoty elemination () Check tox it none changed and see instructions.) PKD FOUNDATION Solicit () 20(e) Solicit () 20(e) Monther, stress and comor value no. If a P.O. tox, see instructions. PKD FOUNDATION Solicit () 20(e) Tokes of mains and comore value no. If a P.O. tox, see instructions. PKD FOUNDATION PKD FOUNDATION Solicit () 20(e) Solicit () corron, state or province, country, and 21P of freign postal code KANSAS CITTY, MO 64131 Solicit () dia trust Other trust Solicit () dia trust Other trust Check for a Solicit () corporation Solicit () corporation Solicit () dia trust Claim a refund shown on Form 2439 Check if a Solicit () Corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Depar	tment of the Treasury						•	
Bit math address changed B Exempt under section Print Funder, street, and room or suite no. If a P.O. box, see instructions. 43-1266906 B Sort(C) 220(e) Print Type Print Funder, street, and room or suite no. If a P.O. box, see instructions. E Group accomption number (mental-screet) C Obeck organization type > X [0101 E 1015 T TER, SUITE 220 F Check box if an amended refurm. C Obeck organization type > X [01(c) corporation 501(c) trust 401(a) trust Other trust C Check organization type > X [01(c) corporation 501(c) trust 401(a) trust Other trust C Check organization type > X [01(c) corporation 501(c) trust 401(c)(2) titteholding corporation > X If 'res,' enter the number of attached Schedules A (Form 990-T). - - > X Yes X No If 'res,'' enter the number and identifying number of the parent corporation > - > Yes X No If 'res,'' enter the name and identifying number of the parent corporation > - Yes X No If 'res,'' enter the name and identifying number of the parent corporation > - Yes X No If 'res,'' enter the name and identifying number of the parent corporation > - - - - <td>Interna</td> <td>al Revenue Service</td> <td>► Do</td> <td>not enter SSN numbers on this form as it may be made public if your organization is a 501(c</td> <td></td> <td>501(c)(3</td> <td>) Organizatio</td> <td>ons On</td> <td>ly</td>	Interna	al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c		501(c)(3) Organizatio	ons On	ly
B Exempt under section Prof M Prof M Mumber, stress and room or suite no. If a P.O. box, see instructions. Image: 4.3-1269305 Image: 4.3-1269305 Soti(C X 3) 1001 E 101ST TER. SUTTE 220 Encode section. Encode section. Value Soti(C X 3) 1001 E 101ST TER. SUTTE 220 For operation. Encode section. Value Soti(C X 3) Soti(C Cook value of all assets at end year. > 31113409. For obsci and results. C Celock organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust. C Check if liling only to > X 501(c) corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation > Telephone number > 913-345-0440 4601 CoLLEGR BLVD, STE 200 LEAWOOD, KS 66211 Partil Total Unrelated Business taxable income computed from all unrelated trades or businesses (see instructions,	A _			Name of organization (Check box if name changed and see instructions.)	D Em	nployer identi	fication nu	umbei	r
Image: Solution of the second sec									
X Solt(C ft 3) Type 101 E 101ST TER, SUITE 220 4086 Sol(a) Capote KANSAS CITY, MO 64131 F Check box! 252(a) S25A C Book value of all assets at end foreiux, county, and 2IP or foreign postal code Xansas Sal113409. 6 Check organization type Xansas Sol(c) (c) corporation Sol(c) (c) corporation Sol(c) (c) corporation Xansas 1 Check if a solt(c)(3) organization filing a consolidate feturn with a 501(c)(2) titleholding corporation Xansas Xansas 2 Enter the name and identifying number of the parent corporation Xansas Xansas Xansas 1 The books are in care of <i>V</i> organization filing a consolidate feturn with a 501(c)(2) titleholding corporation Xansas Xansas Xansas 2 Enter the name and identifying number of the parent corporation Xansas Yes Xansas Yes Xansas Yes Xansas 3 Add lines 1 and 2. Call COLLECE BLVD, STE 200 XEBNOOD, KS 66211 Xansas Xansa							n number	r	
aoad 5so(a) KANSAS CITY, MO 64131 F Check how if an amended return. G Check organization type X So1(c) corporation So1(c) trust 401(a) trust Other trust C Check if a So1(a) (3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(a) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(a) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(a) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(3) organization tiling a consolidated return with a S01(c)(2) titleholding corporation Image: Check if a S01(c)(C)(C) titleholding corporatif a S01(c)(C)(C) titleho	X	501(C)(3)	-		(· · · · · · · · ,			
□ 0000 □ 00000 □ 00000 □ 00000 <td></td> <td>408(e) 220(e)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		408(e) 220(e)							
6 Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Check if filing only to Claim a consolidated return with a 501(c)(2) titleholding corporation Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Comparison of Comparison Image: Comparison of Comparison Image: Comparison of Comparison J Enter the number of attached Schedules A (Form 990-T). Image: Comparison of Comparison Image: Comparison of Comparison Image: Comparison of Comparison Image: Comparison of Comparison K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: Comparison of Comparison Image: Comparison of Comparison L The books are in care of Image: Comparison of Comparison Image: Comparison of Comparison Image: Comparison of Com		408A 530(a)		· · ·	F				
I Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 1 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ 2 Enter the number of attached Schedules (Form 900-T), ▶ ▶ K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▶ I The books are in care of ▶ TOM ROSS Telephone number ▶ 913-345-0440 4601 COLLEGE BLVD, STE 200 LEAWOOD, KS 66211 Part I Total Unrelated Business Taxable Income 1 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions), 1 2 Reserved 3 3 Add lines 1 and 2, 3 4 Charitable contributions (see instructions for limitation rules) 4 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. See instructions, 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 9 Total unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 1 10 Total deducturons. Add lines 8 and 9									
I Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation ▶ J Enter the number of attached Schedules A (Form 990-T). ▶ K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ IL The books are in care of ▶ TOM ROSS 4601 COLLEGE BLVD, STE 200 Telephone number ▶ 913-345-0440 1 Total of unrelated Business Taxable income 1 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 1 2 Reserved 3 4 3 Add lines 1 and 2. 3 4 4 Charitable contributions (see instructions for limitation rules). 5 6 5 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 5 Deduction for net operating loss. See instructions for exceptions). 8 9 9 1 Total and unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction. Se		•	/ 1						
Image: Second Secon			-						
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		neck if a 501(с)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>	<u></u>		
If "Yes," enter the name and identifying number of the parent corporation ▶ I The books are in care of ▶ TOM ROSS 4601 COLLEGE BLVD, STE 200 LEAWOOD, KS 66211 PartI Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions), 2 Reserved 3 Add lines 1 and 2. 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 6 Deduction for net operating loss. See instructions. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 9 10 11 Unrelated business taxable income. Subtract line 1 from line 7. If line 10 is greater than line 7, enter zero. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 11 Unrelated business taxable as corporations. Multiply Part I, line 11 by 21% (0.21). 1 NONE 2 3 3 3 4 Ordinative minimum tax (trusts only). 5 5 Ordine deductions. 3 6 Ordin deductions. See instructions for tax comp									
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For Paperwork Reduction Act Notice, see instructions.					• •		orm 990		

Form 9	90-T (2021)			43-1266906	6 Page 2
Part	Tax and Payments				
1 a	Foreign tax credit (corporations attach Form 1118; trusts a	attach Form 1116)	1a		
b	Other credits (see instructions)		1b		
С	General business credit. Attach Form 3800 (see instruction	s)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 882	27)	1d		
е	Total credits. Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	NONE
3			Form 8866		
					,
	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here		F	4	NONE
	Current net 965 tax liability paid from Form 965-A, Part II, o				
	Payments: A 2020 overpayment credited to 2021		6a		
	2021 estimated tax payments. Check if section 643(g) electron		6b		
	Tax deposited with Form 8868		50 6d		
	Foreign organizations: Tax paid or withheld at source (see i	,	6d		
	Backup withholding (see instructions)		6e 6f		
	Credit for small employer health insurance premiums (attac Other credits, adjustments, and payments: Form 2439		01		
g		Total ►	6.9		
7	Formation Formation Content Formation Formation Formation			7	
	Estimated tax penalty (see instructions). Check if Form 222				
	Fax due. If line 7 is smaller than the total of lines 4, 5, and				NONE
	Overpayment. If line 7 is larger than the total of lines 4, 5				110111
	Enter the amount of line 10 you want: Credited to 2022 estimated		Refunde	•	
Part					
	At any time during the 2021 calendar year, did the		· · · · · · · · · · · · · · · · · · ·		Yes No
	over a financial account (bank, securities, or other)	•	•	· -	
	FinCEN Form 114, Report of Foreign Bank and Fir	• .	-		
	nere 🕨		,	0 ,	Х
2	During the tax year, did the organization receive a distr	ribution from, or was it th	e grantor of, or transfer	or to, a foreign trust?	X
	f "Yes," see instructions for other forms the organization m		-	-	
3	Enter the amount of tax-exempt interest received or accrue	ed during the tax year			
4	Enter available pre-2018 NOL carryovers here 🕨 💲	Do not incl	ude any post-2017 NOL c	arryover	
:	shown on Schedule A (Form 990-T). Don't reduce	e the NOL carryover sh	own here by any dec	duction reported on	
	Part I, line 6.				
5	Post-2017 NOL carryovers. Enter available Busines	s Activity Code and	post-2017 NOL carryo	vers. Don't reduce	
1	he amounts shown below by any NOL claimed on any Sch	edule A, Part II, line 17 for t	he tax year. See instructio	ns.	
	Business Activity Code		Available post-20	017 NOL carryover	
			_ \$		
			_ \$		
			_ \$		
6 -		· · · · ·	\$		
	Did the organization change its method of accounting? (see	,			X
	f 6a is "Yes," has the organization described the	•		orm 1128? If "No,"	
	explain in Part V			•••••	
Part	V Supplemental Information e the explanation required by Part IV, line 6b. Also, provide	any other additional inform	ation. See instructions		
TTOVIG		•			
	SUPPLEMENTAL INFORMATIC	DN ATTACHED			
	Under penalties of perjury, I declare that I have examined	this return including accompany	ing schedules and statements	and to the best of my k	nowledge and
Sign	belief it is true correct and complete Declaration of preparer (other t			iowledge.	
Here				May the IRS discuss	
inere	Signature of officer	Date Title		with the preparer sho (see instructions)? X Yes	
		eparer's signature	Date		
Paid	APRIL ARNOLD CPA	,	05/15/2023	Check if P0155	9426
Prepa	arer Firm's name ► FORVIS, LLP			Firm's EIN ► 44-0160	
1100 4					200

Use Only	Firm's name FORVIS, LLP								Firm's EIN ► 44-0160260	
Use Only	Firm's address	▶1201	WALNUT,	SUITE	1700,	KANSAS	CITY,	MO	64106-224	Phone no. 816-221-6300
JSA										Form 990-T (20

1X2741 1.000

PART	NUMBER:	V
LINE	NUMBER:	N/A

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.