			** PUBLIC DISCLOSURE COP	Y **			
	Ω	00	Return of Organization Exempt Fre	om l	ncome Tax	OMB No. 1545-0047	
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ns) <b>2018</b>	
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	it may b	e made public.	Open to Public	
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection	
AF	or th	e 2018 calend	ar year, or tax year beginning $ m JUL1$ , $2018$ and end	ling J	UN 30, 2019		
<b>B</b> C a	heck if oplicat	C Name of	forganization		D Employer identifi	cation number	
	Addr chan	ess PKD	FOUNDATION				
	Name Chan	ge Doing bi	usiness as		43-1	266906	
	Initial returr	Number		om/suite	E Telephone numbe		
	Final	/	E 101ST TER 22	0	816-	931-2600	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	8,160,246.	
	Amer returr		AS CITY, MO 64131		H(a) Is this a group re		
	Appli tion pend		nd address of principal officer: ANDY BETTS		for subordinates		
		SAME	AS C ABOVE		<b>H(b)</b> Are all subordinates in		
		empt status:		527	· ·	list. (see instructions)	
			PKDCURE.ORG X Corporation   Trust   Association   Other ►	• \/	H(c) Group exemption		
	orm o I <b>rt I</b>			L Year		State of legal domicile: MO	
Га			be the organization's mission or most significant activities: $[ WE ] GIV ]$			DECENDOU	
ICe	1		E FOR PATIENTS, AND BUILD A COMMUNI	TTV F	OR ALL TMPA	CTED BY	
nar	2	2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net asse					
ver	2				3	17	
& Governance	4		lependent voting members of the governing body (r art v), into ray			17	
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)			45	
	6		of volunteers (estimate if necessary)			3593	
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.	
A			business taxable income from Form 990-T, line 38			0.	
ē					Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		12,652,147.	6,507,595.	
nue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		170,904.	217,531.	
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		127,794.	34,477.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,950,845.	6,759,603.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,412,624.	2,960,317.	
	14	-	to or for members (Part IX, column (A), line 4)	···· —	0.		
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,134,496.	3,127,659.	
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶932 , 904		235,896.	137,813.	
Expenses					2 0/0 107	1 0// 169	
_	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,948,197. 7,731,213.	1,944,168. 8,169,957.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,219,632.	-1,410,354.	
ss	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year		
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)		11,398,154.	End of Year 10,606,466.	
Asse	20 21		Part X, line 16) (Part X, line 26)		1,354,476.	1,852,410.	
Net	21		fund balances. Subtract line 21 from line 20	····	10,043,678.	8,754,056.	
Pa	rt II					-,,	
		-	I declare that I have examined this return, including accompanying schedules an	d statem	ents, and to the best of m	y knowledge and belief. it is	
			. Declaration of preparer (other than officer) is based on all information of which				

Sign Here	Signature of officer Albert ANDY BETTS, CHIEF EXECUTIVE OFFICER Type or print name and title	Date 03/19/20
Paid Preparer		Date Check PTIN if self-employed P01248589 Firm's EIN ► 41-0746749
Use Only May the I	Firm's address 801 FELIX STREET ST. JOSEPH, MO 64501 RS discuss this return with the preparer shown above? (see instructions)	Phone no.816-232-8441
	31-18 I HA For Paperwork Beduction Act Notice see the senarate instructions	Form <b>990</b> (2018)

12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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		Pa
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>.                                    </u>
1	Briefly describe the organization's mission:	
	PROMOTE PROGRAMS OF RESEARCH, ADVOCACY, EDUCATION, SUPPORT AND	
	AWARENESS IN ORDER TO DISCOVER TREATMENTS AND A CURE FOR POLYCYSTIC	
	KIDNEY DISEASE AND IMPROVE THE LIVES OF ALL IT AFFECTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X
	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?	X
	If "Yes," describe these changes on Schedule O.	
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
	revenue, if any, for each program service reported.	
а	(Code:) (Expenses \$ 3,757,904. including grants of \$ 2,637,311. ) (Revenue \$)	
	RESEARCH:	
	SINCE ITS FOUNDING IN 1982, THE PKD FOUNDATION HAS INVESTED MORE THAN	N
	\$50 MILLION IN MORE THAN 1,300 RESEARCH, CLINICAL AND SCIENTIFIC	
	GRANTS, FELLOWSHIPS AND SCIENTIFIC MEETINGS. THE FOUNDATION'S	
	FINANCIAL COMMITMENT OVER THE YEARS HAS SEEN RESULTS ON A LOCAL AND	
	EVEN GLOBAL LEVEL, INCLUDING INITIATING FUNDING FOR YOUNG INVESTIGAT	0
	FROM AROUND THE WORLD; SUPPORTING INNOVATIVE RESEARCH IDEAS; AND	
	PROVIDING BRIDGE FUNDING TO RESEARCHERS WORLD-WIDE TO APPLY FOR LARG	
	NATIONAL INSTITUTES OF HEALTH (NIH) GRANTS. THE FOUNDATION'S FISCAL	
	YEAR INVESTMENTS IN RESEARCH IS OUTLINED BELOW.	
	RESEARCH GRANTS: INVESTED \$1,800,000 ON GRANT FUNDING TO 23 PKD	
b	(Code: ) (Expenses \$ 939,973. including grants of \$ 215,337. ) (Revenue \$	
	EDUCATION AND SUPPORT:	
	THE FOUNDATION PROVIDES LOCAL SERVICES THROUGH ITS MORE THAN 60	
	VOLUNTEER-RUN CHAPTERS ACROSS THE COUNTRY. THESE VOLUNTEERS BRING TO	
	LIFE THE MISSION OF THE ORGANIZATION BY ENSURING THAT NO ONE FACES T	H
	DISEASE ALONE. EDUCATION MEETINGS PROVIDE VALUABLE INFORMATION FROM	
	HEALTH CARE PROFESSIONALS, WHILE SUPPORT ACTIVITIES RANGE FROM LENDI	Ń
	A LISTENING EAR TO ORGANIZED GROUP OUTINGS. THE FOUNDATION HAS MORE	
	THAN 1917 ACTIVE VOLUNTEERS.	
	CHAPTERS RAISE FUNDS FOR THE FOUNDATION THROUGH EVENTS WHICH ALSO	
	INCREASE AWARENESS OF PKD AND CONNECT LOCAL PATIENTS AND FAMILIES TO	
	EACH OTHER. NINETY ONE CHAPTER FUNDRAISING AND THIRD- PARTY EVENTS W	Ľ
С	(Code: ) (Expenses \$ 1,504,821. including grants of \$ 107,669. ) (Revenue \$)	
	AWARENESS AND ADVOCACY:	**
	THE FOUNDATION RAISES AWARENESS THROUGH MARKETING AND PUBLIC RELATION	
	SO PEOPLE KNOW WHAT PKD IS, WHAT THE FOUNDATION DOES, AND HOW TO GET	
	INVOLVED. MARKETING MATERIALS INCLUDE PKD NEWS MONTHLY EMAIL	
	NEWSLETTER, OTHER TARGETED EMAILS, DIRECT MAIL SOLICITATIONS, SOCIAL	
	MEDIA, THE PKD BLOG AND PKDCURE.ORG. VOICES OF PKD	
	(HTTPS://CONNECT.PKDCURE.ORG/VOICES-OF-PKD/) FEATURES TESTIMONIALS A	Ŋ
	STORIES ABOUT PEOPLE'S EXPERIENCES WITH THE DISEASE.	
		<del>.</del>
	THE FOUNDATION HAS AN ACTIVE SOCIAL MEDIA COMMUNITY, REACHING MORE T	Н
	34,000 FACEBOOK FANS, 7,000 TWITTER FOLLOWERS, 5,000 INSTAGRAM	ন
	FOLLOWERS, AND 1,500 LINKEDIN FOLLOWERS. PKDCURE.ORG RECEIVED 998,6	<u> </u>
d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
е	Total program service expenses ► 6,202,698.	_
	Form <b>990</b>	D (
2002	SEE SCHEDULE O FOR CONTINUATION(S)	
	2	
)0	310 766257 020-01333800 2018.05051 PKD FOUNDATION 020-0	)6

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Form	990	(20)	Ø)

 Form 990 (2018)
 PKD
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	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	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			x
9	Schedule D, Part III	8		- 23
9	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 temporarily restricted endowments, permanent	9		
10	endowments, or 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, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		x
20a	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	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		L	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Part IV	Checklist	of Require	d Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>		37	
<b>04</b> -	Schedule J	23	X	
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	20a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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		V-	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a21Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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Form 990	(2018	)
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Part V

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 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 45		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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
h	If "Yes," enter the name of the foreign country:	<del>4</del> d		
b	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	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?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		37
h				X
8				
•	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2018)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a b 2 3 4 5 6 7a b 8 a	tion A. Governing Body and Management         Enter the number of voting members of the governing body at the end of the tax year       1a       1         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       1         Enter the number of voting members included in line 1a, above, who are independent       1b       1         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other       0         officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision       0         of officers, directors, or trustees, or key employees to a management company or other person?       0         Did the organization become aware during the year of a significant diversion of the organization's assets?       0         Did the organization have members or stockholders?       0         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7 2 3	Yes	2 2 2 2 2 2 2 2
b 2 3 4 5 6 7 a b 8 a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	7 2 3 4 5 6		
b 2 3 4 5 6 7 a b 8 a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	7 2 3 4 5 6		
b 2 3 4 5 6 7a b 8 8	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       1         Enter the number of voting members included in line 1a, above, who are independent       1b       1         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?       1       1         Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       0         Did the organization become aware during the year of a significant diversion of the organization's assets?       0       0         Did the organization have members, stockholders?       0       0       0       0         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       0       0       0	2 3 4 5 6		
b 2 3 4 5 6 7a b 8 8 2	Enter the number of voting members included in line 1a, above, who are independent       1b       1         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?       1         Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       1         Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       1         Did the organization become aware during the year of a significant diversion of the organization's assets?       1         Did the organization have members or stockholders?       1         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6		
2 3 4 5 6 7a b 8 8	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6		
3 4 5 7a b 8 a	officer, director, trustee, or key employee?	3 4 5 6		
3 4 5 7a b 8 a	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4 5 6		
4 5 7a b 8 a	of officers, directors, or trustees, or key employees to a management company or other person?	4 5 6		2
4 5 7a b 8 a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	4 5 6		2
5 6 7a b 8 a	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	5		2
6 7a b 8 a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	6		
7a b 8 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_		T
b 8 a	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		,
b 8 a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		
8 a	persons other than the governing body?			⊢
8 a				
а	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		2
а				
	The governing body?	8a	X	$\vdash$
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?	13	X	$\vdash$
	Did the organization have a written document retention and destruction policy?	14	X	┢
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a		2
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		<u> </u>	
		150		H
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		2
	taxable entity during the year?	16a		14
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, G			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(	3)s only	) avail	abl
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEPHANIE BRENDEL - 816-931-2600			
	1001 E 101ST TER, NO. 220, KANSAS CITY, MO 64131			
32006	12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	n <b>990</b>	(20
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90	310 766257 020-01333800 2018.05051 PKD FOUNDATION	02	0-0	ናፑ

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees X

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

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		l ge				npoi	noui			
(A)	(B)			_ (0				(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	inen		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	line)	Idivid	Istitut	Officer	eyen	nplo	Former			organizations
(1) KLEE KLEBER	2.00	트	드	ò	¥	ты	포			
CHAIR	2.00	x		x				0.	0.	0.
(2) BEVERLY BENSON	1.00								•	0.
VICE-CHAIR	1.00	x		x				0.	0.	0.
(3) BROCK NELSON	1.00			Δ				0.	0.	0.
	1.00	x		x				0.	0.	0.
TREASURER	1.00	<u>^</u>		^				0.	0.	0.
(4) PAULA HUTCHINSON	1.00			v				0.	0.	0
SECRETARY	1 00	X		Х				0.	0.	0.
(5) BILL BRAZELL	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(6) ASHLEY BROWN	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(7) KATHERINE DELL	1.00									
DIRECTOR		х						0.	0.	0.
(8) GEORGINA HABERMAN	1.00									-
DIRECTOR		х						0.	0.	0.
(9) MICHELE KARL	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) ANDREA KRINGSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAL MRUG	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DWIGHT ODLAND	1.00									
DIRECTOR		X						0.	0.	0.
(13) CRAIG RAMSEYER	1.00									
DIRECTOR		X						0.	0.	0.
(14) ROB ROTH	1.00									
DIRECTOR		x						0.	0.	0.
(15) FRAN TOWEY	1.00									
DIRECTOR		x						0.	0.	0.
(16) TERRY WATNICK	1.00									
DIRECTOR		x						0.	0.	0.
(17) JERRY WAXMAN	1.00									
DIRECTOR		x						0.	0.	0.
832007 12-31-18	1									Form <b>990</b> (2018)

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(A)       (B)       (C)       (D)       (D)       (D)       (E)       (E)         Name and the       Average of the other and the second transmission and the other and the othe oth	Form 990 (2018) PKD FOUNI	DATION								43-12	<u>266</u>	906	Pa	ge <b>8</b>
(A) Name and title       (B) Proof part (e) and title       (C) Proof part (e) and title	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st (	Compensated Employe	es (continued)				
Name and title     Average week (use of the second							-						(F)	
Nours per internet of incidence of the set of t									. ,	• •				ł
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PRESTENT & CBO VIEW Section A VIEW	(18) ANDY BETTS	40.00	<u> </u>	-	Ó	Ϋ́Υ	포뇽	F						
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(20) KENNETH MCLAUGHLIN       40.00       x       139,329.       0.       35,926.         (21) ALEXIS DENNY       40.00       x       106,873.       0.       28,601.         (22) USAN DERMENE 2018       40.00       x       113,440.       0.       13,171.         (23) USAN DERMENE       40.00       x       103,943.       0.       9,801.         DIRECTOR OF LEADERSHIP GIFFS       40.00       x       103,943.       0.       9,801.         (23) ROBIN STRACHAN LEFT JULY 2013       40.00       x       103,943.       0.       9,801.         LANNED GIVING DIRECTOR       905,098.       0.       167,059.       0.	(19) DAVID BARON	40.00												
(20) KENNETH MCLAUGHLIN       40.00       x       139,329.       0.       35,926.         (21) ALEXIS DENNY       40.00       x       106,873.       0.       28,601.         (22) USAN DERMENE 2018       40.00       x       113,440.       0.       13,171.         (23) USAN DERMENE       40.00       x       103,943.       0.       9,801.         DIRECTOR OF LEADERSHIP GIFFS       40.00       x       103,943.       0.       9,801.         (23) ROBIN STRACHAN LEFT JULY 2013       40.00       x       103,943.       0.       9,801.         LANNED GIVING DIRECTOR       905,098.       0.       167,059.       0.	CHIEF SCIENTIFIC OFFICER						x		206,170.		Ο.	35	,60	)1.
(21) ALEXTS DENY       40.00       x       106,873.0.28,601.         DIRECTOR OF GOVT AFFAIRS       40.00       x       113,440.0.13,171.         (22) SUSAN DERMER       113,440.0.13,171.       (23) ROEL MERACINA - LEFT JULY 2013       40.00       x       103,943.0.9,801.         DIRECTOR OF LADERENTP GIFTS       40.00       x       103,943.0.9,801.       9,801.         PLANNED GIVING DIRECTOR       x       103,943.0.9,801.       9,801.         PLANNED GIVING DIRECTOR       905,098.0.167,059.       0.167,059.         c Total from continuation sheets to Part VII, Section A       905,098.0.167,059.       0.167,059.         c Total mome of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3       X         3       Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       X       X       4       X         4       X       100 any expression from the organization or individual structure is a tork or accuse compensation from the organization or individual       3       X         4	(20) KENNETH MCLAUGHLIN	40.00												
(21) ALEXTS DENY       40.00       x       106,873.0.28,601.         DIRECTOR OF GOVT AFFAIRS       40.00       x       113,440.0.13,171.         (22) SUSAN DERMER       113,440.0.13,171.       (23) ROEL MERACINA - LEFT JULY 2013       40.00       x       103,943.0.9,801.         DIRECTOR OF LADERENTP GIFTS       40.00       x       103,943.0.9,801.       9,801.         PLANNED GIVING DIRECTOR       x       103,943.0.9,801.       9,801.         PLANNED GIVING DIRECTOR       905,098.0.167,059.       0.167,059.         c Total from continuation sheets to Part VII, Section A       905,098.0.167,059.       0.167,059.         c Total mome of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3       X         3       Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       X       X       4       X         4       X       100 any expression from the organization or individual structure is a tork or accuse compensation from the organization or individual       3       X         4	COO - LEFT DECEMBER 2018		1				x		139,329.		Ο.	35	,92	26.
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(22) SUSAN DEREMER       40.00       x       113,440.       0.       13,171.         DIRECTOR OF LEADERSHIP GIPTS       40.00       x       103,943.       0.       9,801.         PLANNED GIVING DIRECTOR       x       103,943.       0.       9,801.         PLANNED GIVING DIRECTOR       x       103,943.       0.       9,801.         Ib Sub-total       905,098.       0.       167,059.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         2 Total number of individual (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization greater than \$150,0007 if "res," complete Schedule J for such individual       3       X         3 Did the organization greater than \$150,0007 if "res," complete Schedule J for such person and related organization greater than \$150,0007 if "res," complete Schedule J for such person       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation rom any unrelated organization is tax year.       5       X         5 Did the organization?       10 such andividual       10 such andividual       10 such andividual       10 such andividual         4 For any individual listed on line 1a, is the sum of reportable compe	DIRECTOR OF GOVT AFFAIRS						x		106,873.		Ο.	28	,60	)1.
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PLANNED GIVING DIRECTOR          PLANNED GIVING DIRECTOR       Image: Constraint of the constend constend constraint of the	DIRECTOR OF LEADERSHIP GIFTS		1				x		113,440.		Ο.	13	,17	1.
1b       Sub-total       905,098.       0.       167,059.         c       Total from continuation sheets to Part VII, Section A       905,098.       0.       167,059.         2       Total from continuation sheets to Part VII, Section A       905,098.       0.       167,059.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       6         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual       4       X         4       For any individual ised on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual       5       3         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If 'Yes," complete Schedule J for such person       6         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or wit	(23) ROBIN STRACHAN - LEFT JULY 2019	40.00												
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	PLANNED GIVING DIRECTOR						Х		103,943.		0.	9	,80	)1.
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       ▶       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.									005 008		_	167	0 5	. 0
d Total (add lines 1b and 1c)       905,098.       0.       167,059.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       6         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from my unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       145,288.         1 ReVPORT ONE       21       RA1LROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145,288.         1 QVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         2       Total number of independent contracto												107	,0.	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       6         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (a)       (b)       (c)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (a)       (b)       (c)       (c)         21       RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145, 288.       103, 500.       103, 500.											-	167	05	
compensation from the organization       6         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       Ves       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Compensation         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       (D)       (C)       Compensation         1       Complete this table for your five highest compensate dindependent contractors that received more than \$100,000 of servic											-	107	,0.	• •
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? /f 'Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       4       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest address       Description of services       Compensation         Name and business address       Description of services       Compensation       Compensation         1       Nume and business address       Description of services       145, 288.         1       QUIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103, 500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organ		ot inflited to th	iose	liste	ed at	SOVE	e) wr	10 r	eceived more than \$100	,000 of reportabl	е			6
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       (B)       (C)         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       (B)       (C)         NEWPORT ONE         21       RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145, 288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103, 500.         2       Total number of independent contractors (including but not limited to those													/05	
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Compensation         NEWPORT ONE       1       A       0.2332       FUNDRAISING SERVICE       145, 288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103, 500.       103, 500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103, 500.       103, 500.         2       Total number of independent contractors (including but not l	2 Did the examization list any former officer	diractor or tri	into			nnlo		<b>~</b> r	highest componented of	malayoo aa	I		0.5	
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NEWPORT ONE       145,288.       Iud to the calendar year ending with or within the organization's tax year.       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 2												2		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation       CO         NEWPORT ONE       145,288.       145,288.       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is above) who received more than \$100,000 of compensation from the organization is above)														
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         Name and business address       Description of services       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is not ended to										une organization		4	x	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         NEWPORT ONE         21 RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE         PATIENT REGISTRY AND       CONSULTING FEES       103,500.         2         2         2         2	<b>č</b>									idual for sonvicos				
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NEWPORT ONE       145,288.       IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b>								Ciai	ted organization of indivi	Idual for services		5		x
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NEWPORT ONE       145,288.       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 2				0/3	uon	00/3						5		
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NEWPORT ONE       FUNDRAISING SERVICE       145,288.         1QVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2		mpensated in	depe	ende	ent c	ontr	racto	ors	that received more than	\$100.000 of corr	npens	ation fro	m	
Name and business address       Description of services       Compensation         NEWPORT ONE       21 RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2		-	-											
NEWPORT ONE       145,288.         21 RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2	(A)								(B)			(C)		
21 RAILROAD AVE, DUXBURY, MA 02332       FUNDRAISING SERVICE       145,288.         IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2		address							Description of s	ervices	C	ompens	sation	
IQVIA TECHNOLOGY SERVICES, 210 PENTONVILLE       PATIENT REGISTRY AND CONSULTING FEES       103,500.         RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2														
RD, LONDON, LONDON, UNITED KINGDOM       CONSULTING FEES       103,500.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2												145	,28	88.
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       2					JNC	/II	LLI							
\$100,000 of compensation from the organization	RD, LONDON, LONDON, UNITE	ED KINGI	201	1					CONSULTING F	EES		103	,50	0.
\$100,000 of compensation from the organization														
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\$100,000 of compensation from the organization	2 Total number of independent contractors (iii	ncluding but n	ot li	mito	d to	the	eo 11/	stor	d above) who received m	ore than				
		•		me	u 10		-	5100						
												Form 9	<b>90</b> (2	018)

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PKD FOUNDATIO
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			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			Check if Schedule O cont			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Ar A		С	Fundraising events	1c					
lar İlar		d	Related organizations	1d					
Sin's,			Government grants (contribut						
e ti		f	All other contributions, gifts, gran						
ġŧ			similar amounts not included abo		6,507,595.				
1 g g			Noncash contributions included in lines						
<u>a õ</u>		h	Total. Add lines 1a-1f			6,507,595.			-
	_				Business Code				
Program Service Revenue	2	а							
ne ș		b							
E e e		c							
Be		d							
Š		e							
-			All other program service reve						
-			Total. Add lines 2a-2f						
	3		Investment income (including			145 699			145 699
			other similar amounts)			145,688.			145,688.
	4		Income from investment of ta						
	5		Royalties						
	~	_	0	(i) Real	(ii) Personal				
			Gross rents		I				
			Less: rental expenses		I				
			Rental income or (loss)		►				
			Net rental income or (loss) Gross amount from sales of						
	'	a		(i) Securities 1,469,294.	(ii) Other				
		<b>h</b>	assets other than inventory Less: cost or other basis	1,405,254.	I				
		D		1,397,451.					
		~	and sales expenses Gain or (loss)						
		с А	Net gain or (loss)	,1,013,		71,843.			71,843.
	0		Gross income from fundraisin						
Jue	0	a	including \$	of					
Other Revenu			contributions reported on line						
۳,			Part IV, line 18	-					
the		b	Less: direct expenses						
Ó			Net income or (loss) from fund						
			Gross income from gaming ad	•					
	-		Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam		▶				
			Gross sales of inventory, less	•					
			and allowances		2,256.				
		b	Less: cost of goods sold						
			Net income or (loss) from sale		▶	-936.	-936.		
Γ			Miscellaneous Revenu		Business Code				
F	11	а	INSURANCE PROCEEDS		900099	35,000.			35,000.
		b	MISCELLANEOUS INCOME		900099	413.			413.
		с							
		d	All other revenue						
		е	Total. Add lines 11a-11d		▶	35,413.			
	12		Total revenue. See instructions			6,759,603.	-936.	0	. 252,944.

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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										
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations	2 620 217	2 620 217							
	and domestic governments. See Part IV, line 21	2,620,317.	2,620,317.							
2	Grants and other assistance to domestic	100 000	100 000							
	individuals. See Part IV, line 22	100,000.	100,000.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	240,000.	240,000.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	304,800.	167,640.	30,481.	106,679.					
6	Compensation not included above, to disqualified		,							
Ŭ	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
-		2,120,609.	1,204,733.	582,968.	332,908.					
7	Other salaries and wages	4,140,009.	±,20±,133•	502,900.	554,900.					
8	Pension plan accruals and contributions (include	160 207	05 710	16 725						
	section 401(k) and 403(b) employer contributions)	168,397.	95,712.	46,725.	25,960.					
9	Other employee benefits	338,031.	191,854.	91,147.	55,030.					
10	Payroll taxes	195,822.	110,870.	50,182.	34,770.					
11	Fees for services (non-employees):									
а	Management									
	Legal	91,196.	69,534.	5,125.	16,537.					
	Accounting	34,050.	25,962.	1,914.	6,174.					
	Lobbying	58,899.	58,899.							
	Professional fundraising services. See Part IV, line 17	137,813.			137,813.					
	Investment management fees	21,230.		21,230.						
	Other. (If line 11g amount exceeds 10% of line 25,	,								
9	column (A) amount, list line 11g expenses on Sch 0.)	687,619.	609,081.	51,189.	27,349.					
10		33,108.	33,108.	51,105.	27,549.					
12	Advertising and promotion	252,437.	189,190.	35,645.	27,602.					
13	Office expenses	54,250.	30,517.							
14	Information technology	54,250.	30,317.	8,449.	15,284.					
15	Royalties	100 000			20.002					
16	Occupancy	198,229.	127,526.	40,500.	30,203.					
17	Travel	40,010.	40,010.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	249,621.	171,617.	997.	77,007.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	146,326.	81,519.	37,980.	26,827.					
23	Insurance	27,543.	17,866.	5,671.	4,006.					
24	Other expenses. Itemize expenses not covered			-						
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
~	DUES, FEES, MEMBERSHIPS	49,650.	16,743.	24,152.	8,755.					
a		±,050•	±0,/±J•	47,1940	0,155.					
b										
c										
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	8,169,957.	6,202,698.	1,034,355.	932,904.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here X if following SOP 98-2 (ASC 958-720)									
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1 41		Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			228,084.	1	560,278.
	2	Savings and temporary cash investments			3,156,801.	2	1,336,795.
	3	Pledges and grants receivable, net			3,772,108.	3	2,888,585.
	4	Accounts receivable, net			12,287.	4	26,148.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9				8,089.	9	12,805.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	985,578.			
	b	Less: accumulated depreciation		245,461.	278,353.	10c	740,117.
	11	Investments - publicly traded securities			3,925,474.	11	5,024,730.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	16,958.	15	17,008.		
	16	Total assets. Add lines 1 through 15 (must equa			11,398,154.	16	10,606,466.
	17	Accounts payable and accrued expenses	754,476.	17	852,410.		
	18	Grants payable		18			
	19	Deferred revenue	600,000.	19	1,000,000.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,354,476.	26	1,852,410.
		Organizations that follow SFAS 117 (ASC 958	), cheo	ck here ▶ 🔯 and			
ses		complete lines 27 through 29, and lines 33 an			0 01 F F1 0		
anc	27	Unrestricted net assets			3,917,718.	27	4,517,567.
Bal	28	Temporarily restricted net assets			5,125,960.	28	3,236,489.
Fund Balances	29				1,000,000.	29	1,000,000.
Fu		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🛄			
č		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ast	31	Paid-in or capital surplus, or land, building, or eq				31	
let	32	Retained earnings, endowment, accumulated in			10 040 680	32	
~	33	Total net assets or fund balances			10,043,678.	33	8,754,056.
	34	Total liabilities and net assets/fund balances			11,398,154.	34	10,606,466.
							Form <b>990</b> (2018)

## Form 990 (2018) Part X Balance Sheet

	1990 (2018) PKD FOUNDATION	43 - 12	66906	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			C = -				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,75				
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,16				
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,41				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,04				
5	Net unrealized gains (losses) on investments	5	120	0,7	32.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	8,75	4,0	56.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
			Form	aan	(2018)		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047						
2018						
Open to Public Inspection						
 , identification number						

		of the Treasury nue Service	►		Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of t	the organizati								identification number
Pa	art I	Reason		FOUNDATION Charity Status (	All organizations must co	omplete th	is part ) Se	e instruction		3-1266906
					For lines 1 through 12, c				0.	
1					on of churches described					
2					Attach Schedule E (Forn			~ ~ / /		
3					anization described in <b>s</b> e			ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		0	•		llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in
~				Complete Part II.)	and a first state of the second state of the		70/1-1/41/41	4.5		
6					nental unit described in					
7	X				intial part of its support f	rom a gov	ernmental	unit or from	ine general	public described in
•				omplete Part II.)						
8 9	$\square$				(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(		od in ooniu	unction with a	land grant	
9					ulture (see instructions).					
		university:		grant conege of agric			name, or	y, and state o	i the colleg	6 01
10		· · ·	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons member	shin fees a	nd aross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fr					-
				mplete Part III.)	(,			······, ·····	<b>J</b>	,,
11				• •	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). C	heck the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
a	a 🗌	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
k		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
C			-		g organization operated				Illy integrate	ed with,
	_		0	()(	s). You must complete I	,				
C		••			orting organization oper				•	. ,
			-		zation generally must sat	•		-	d an attent	veness
		- ·		,	nplete Part IV, Sections					
e			•		written determination fro			а туре ї, турє	e II, Type III	
	Ente	-			nally integrated support	0 0				
				n about the supporte						
`		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tot	al									
		<b>New end</b>	all and the set A set A	Indian and the locate	wetters for Forms 000 -	- 000 E7		Ort		000 000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13

## Schedule A (Form 990 or 990-EZ) 2018 PKD FOUNDATION

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,539,923.	5,881,314.	5,709,118.	12,652,147.	6,507,595.	38,290,097.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,539,923.	5,881,314.	5,709,118.	12,652,147.	6,507,595.	38,290,097.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,668,285.
6	Public support. Subtract line 5 from line 4.						35,621,812.
	ction B. Total Support	I					
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	7,539,923.	5,881,314.	5,709,118.	12,652,147.	6,507,595.	38,290,097.
	Gross income from interest,	, ,	. ,	, ,	, ,	, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,014.	31,733.	73,444.	100,878.	145,688.	358,757.
9	Net income from unrelated business		•				
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,839.	30,462.	39.617.	130,100.	35,413.	246,431.
11	Total support. Add lines 7 through 10						38,895,285.
	Gross receipts from related activities,	etc (see instruction	ns)			12	22,656.
	<b>First five years.</b> If the Form 990 is for	•	,	fourth or fifth ta			
.0	organization, check this box and <b>stop</b>	-				1001(0)(0)	
Se	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2018 (li			olumn (f))		14	91.58 %
	Public support percentage from 2017					15	90.33 %
	<b>33 1/3% support test - 2018.</b> If the o						
	stop here. The organization qualifies a						
r	<b>33 1/3% support test - 2017.</b> If the o						
~	and <b>stop here.</b> The organization quali						
17:	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	•	
L	10% -facts-and-circumstances test	-		• • •			
C							
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	IT UID NOT CHECK A I	oox on line 13, 16a	, 100, 17a, or 17k	b, check this box a		

Schedule A (Form 990 or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 PKD FOUNDATION

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

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(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	B (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	B (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 five years. If the Form 990 is for	the organization'	's first, second, th	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganization,
	check this box and stop here					<u></u>	▶∟
	ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve		-				
	Investment income percentage for 20					17 18	%
	Investment income percentage from 2 33 1/3% support tests - 2018. If the			on line 14 and lin			/ line 17 is not
195	more than 33 1/3%, check this box a	-					
F	33 1/3% support tests - 2017. If the						/3% and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		•	-		-	
	23 10-11-18						m 990 or 990-EZ) 2018
5520				15			

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1

2

3a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
-	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> <b>Part VI.</b> tion B. Type I Supporting Organizations	TIC		
000	tion B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	Na
4	Ware a majority of the argenization's directors or tructors during the tay year alog a majority of the directors		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ	2018
	17		-	

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## Schedule A (Form 990 or 990 EZ) 2018 PKD FOUNDATION

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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 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	v integrat	ed Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2018

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Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
<u> </u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 PKD FOUNDATION

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, LINE 10, EXPLANATION FOR OTHER INCOME:

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2014 AMOUNT: \$ 89.
2015 AMOUNT: \$ 162.
2016 AMOUNT: \$ 737.
2017 AMOUNT: \$ 130,100.
2018 AMOUNT: \$ 35,413.
GROSS REVENUE FROM FUNDRAISING EVENTS
2014 AMOUNT: \$ 10,750.
2015 AMOUNT: \$ 30,300.
2016 AMOUNT: \$ 38,880.

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Schedule A (Form 990 or 990-EZ) 2018

## Schedule B

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

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Employer identification number

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чJ	- <b>-</b>	20	0,0	00

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 <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

Schedule B (Form 990,	990-EZ, or 990-PF) (2018)
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Name of organization

Employer identification number

PKD FOUNDATION

43-1266906

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$326,551.	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		\$172,314.	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	
3		\$150,600.	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.)	
823452 11-08	-18 22	Schedule B (Form 2	990, 990-EZ, or 990-PF) (2018	

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Schedule B (Form 990	, 990-EZ, o	or 990-PF)	(2018)
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Name of organization

020-06R1

Employer identification number

PKD FOUNDATION

43-1266906

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(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
		\$	
(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
		 \$	

10290310 766257 020-01333800 2018.05051 PKD FOUNDATION

Name of or	ganization		Employer identification number			
PKD FO	OUNDATION		43-1266906			
Part III		) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
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		24				

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020-06R1

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

18 20 Open to Public Inspection

OMB No. 1545-0047

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.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizations: Complete Part III.

Nar	ne of organization			Emplo	A 2 1 2 C C O C		
		JNDATION ganization is exempt unde	r another $E01(a)$	r is a costion 507 or	43-126690	10	
Г		gamzation is exempt unde			ganization.		
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political camp	itures		▶\$			
Pa	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3				
1	Enter the amount of any excise ta	x incurred by the organization unde	r section 4955	▶\$			
2	Enter the amount of any excise ta	x incurred by organization managers	s under section 4955	▶\$			
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes	No	
4a	a Was a correction made?				Yes	No	
	b If "Yes," describe in Part IV.			=			
	-	ganization is exempt unde			c)(3).		
	Enter the amount directly expende		-				
2	Enter the amount of the filing orga	nization's funds contributed to othe	er organizations for sec	ction 527			
	exempt function activities			▶\$			
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and	d on Form 1120-POL,				
	line 17b			▶\$			
4	Did the filing organization file Form	<b>1120-POL</b> for this year?			Ves	No	
5	Enter the names, addresses and e	mployer identification number (EIN)	of all section 527 poli	tical organizations to whic	h the filing organizat	tion	
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political						
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	political action committee (PAC). I	additional space is needed, provid	e information in Part IV	V.	i		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of po contributions recei promptly and di delivered to a se political organiza If none, enter	ived and rectly parate ation.	

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018	PKD	FOUNDATION
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Part II-A Complete if the org section 501(h)).	ganizatio	n is exei	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
A Check      if the filing organization	ation belong	s to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	0		0 1 (		5	, , ,
B Check      if the filing organization of the f	ation checke	ed box A ar	nd "limited control" pro	ovisions apply.		
Lim	its on Lobby ditures" me		nditures Ints paid or incurred.)	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to inf	luence publi	c opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to inf	luence a legi	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add						
d Other exempt purpose expenditu	res					
e Total exempt purpose expenditure	es (add lines	1c and 1c	l)			
f_Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (e	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If ze	ro or less, er	nter -0-				
i Subtract line 1f from line 1c. If zer	ro or less, en	ter -0				
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	s year?					Yes No
(Some organizations t	that made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobby	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
2a Lobbying nontaxable amount	481	,510.	456,460.	536,097.		1,474,067.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						2,211,101.
c Total lobbying expenditures	85	,018.	58,865.	60,000.	55,000.	258,883.
d Grassroots nontaxable amount	120	,378.	114,115.	134,024.		368,517.
<ul> <li>Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>						552,776.

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

f Grassroots lobbying expenditures

#### Schedule C (Form 990 or 990-EZ) 2018 PKD FOUNDATION

## 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	)
of the	olobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<b>_</b> )		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)		o), or se	ction	
	501(c)(6).			Yes	No
				Tes	NU
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			ation	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		<b>2</b> b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de 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 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

832043 11-08-18

SCHEDULE D

Department of the Treasury Internal Revenue Service

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



Name of the organization 

Employer identification number

Part		PKD FOUNDATION		43-1266906
I       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         I       Total number at end of year       (b) Funds and other accounts         3       Aggregate value of contributions to (during year)       (b) Aggregate value at end of year         4       Aggregate value of grants from (during year)       (c) Aggregate value at end of year         5       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Ves       No         6       Did the organization inform all grantees, donors, and donor advisor in writing that grant funds can be used only for charitable purpose ordering impermissible private benefit?       Ves       No         Part Lill       Conservation Easements Net by the organization answered 'Yes' on Form 990, Part IV, line 7.       1       Purpose(s) ordonavriant habitat       Preservation of a historically important land area         Protection of land for public use (e.g., recreation or education)       Preservation assements not baid a qualified conservation contribution in the form of a conservation easements in the a qualified conservation conservation easement in the last       2a         2 total number of conservation easements       2a       2a       2a         3 Number of conservation easements included in (a) aquilified dater 725/06, and not an historic struct	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts.Complete if the
I       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         I       Total number at end of year       (b) Funds and other accounts         3       Aggregate value of contributions to (during year)       (b) Aggregate value at end of year         4       Aggregate value of grants from (during year)       (c) Aggregate value at end of year         5       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Ves       No         6       Did the organization inform all grantees, donors, and donor advisor in writing that grant funds can be used only for charitable purpose ordering impermissible private benefit?       Ves       No         Part Lill       Conservation Easements Net by the organization answered 'Yes' on Form 990, Part IV, line 7.       1       Purpose(s) ordonavriant habitat       Preservation of a historically important land area         Protection of land for public use (e.g., recreation or education)       Preservation assements not baid a qualified conservation contribution in the form of a conservation easements in the a qualified conservation conservation easement in the last       2a         2 total number of conservation easements       2a       2a       2a         3 Number of conservation easements included in (a) aquilified dater 725/06, and not an historic struct		organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value at end of year     Determinates     Determinate     Determinates     Determinate     Determinates     Determinate     Determin				(b) Funds and other accounts
Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value at end of year     Determinates     Determinate     Determinates     Determinate     Determinates     Determinate     Determin	1	Total number at end of year		
3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese. All donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation Easements held by the organization (check all that apply). Protection of natural habitat Protection of one space 2 Complete lines 2a through 2 if the organization held a qualified conservation contribution in the form of a censervation easements included in (a) 2 Complete lines 2a through 2 if the organization held a qualified conservation contribution in the form of a conservation easements 2 A total acreage restricted by conservation easements 2 A total acreage restricted by conservation easements 2 A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of states where property subject to conservation easements is located > 3 Number of states where property subject to conservation easements is located > 3 Number of states where property subject to conservation easements in thotis? 4 Number of states where property subject to conservation easements in during, inspecting, handling of violations, and enforcing conservation easements during the year 4 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements were i	-			
<ul> <li>4 Aggregate value at end of year</li></ul>	-			
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Parpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of an dir or public use (e.g., recreation or education)</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of an advisor and work of a conservation easement on the last day of the tax year.</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements</li> <li>D total arceage restricted by conservation easements</li> <li>D total arceage restricted by conservation easements</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /</li></ul>				
are the organization's property, subject to the organization's exclusive legal control?       Yes       No         6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only       for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering       impermissible private benefit?       Yes       No         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Yes       No         Preservation of land for public use (e.g., recreation or education)       Preservation of a certified historic structure       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Ield at the Ead of the Tax Year         Total arreage restricted by conservation easements       2a       2a       2a       2a         Iso Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a       2a       2a       2a         Iso Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax       year >       Yes       No         Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       >       So         S Does the organization have a written poli	_			l viced funde
<ul> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of a historically important land area</li> <li>Protection of natural habitat</li> <li>Preservation of on of parts page.</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and advisor structure included in (a)</li> <li>2 advisor of conservation easements.</li> <li>2 bd</li> <li>2 total another of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>2 advisor of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>2 advisor of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>2 advisor of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>2 advisor of conservation easements included in conservation easement is located &gt;</li> <li>4 Number of conservation easements included in conservation easement is located &gt;</li> <li>3 Number of states where property subject to conservation easement is located &gt;</li> <li>4 Number of states where property subject to conservation easement is located &gt;</li> <li>4 Number of states where property subjecting, handling of violations, and enforcing conservation easements during the year</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements included to line 2(d) above satisfy the requirem</li></ul>	5	-	-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	~			
Impermissible private benefit?       Yes       No.         Part III       Conservation Easements. Complete if the organization check all that apply.       Preservation of a conservation easements held by the organization (check all that apply).       Preservation of a point point of a conservation of a conservation easement on the last         Protection of natural habitat       Preservation of one space       Preservation of one space         2       Complete lines 2a through 2d if the organization (check all that apply).       Held at the End of the Tax Year.         a Total number of conservation easements       Held at the End of the Tax Year.       Image: the tax year.         3       Total acreage restricted by conservation easements       2a         4       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easements is located >	0			
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of and for public use (e.g., recreation or education)       Preservation of a certified historic structure         Preservation of open space       Preservation of a certified historic structure         2       Complete lines 2 attrough 2 di the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total number of conservation easements       2a         5       Total arcage restricted by conservation easements       2a         2       a       2a         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of states where property subject to conservation easement is located ▶				
Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of and for public use (e.g., recreation or education)     Preservation of a historically important land area     Preservation of on the transformed preservation of a certified historic structure     Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements     Total acceage restricted by conservation easements     Total acceage restricted by conservation easements     Total acceage restricted by conservation easements     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year ▶     Yea     Number of states where property subject to conservation easement is located ▶     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     ▶     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     ▶     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     ▶     Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     ▶     Gorservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)     and section 170(h)(4)(B)(i)?     Yes No     In Part XIII, describe how the organization reports conservation easements that describes the organization's accounting for     conservation easements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 8.     If the organization elected, as	Do			
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area   Protection of natural habitat Preservation of a certified historic structure   Preservation of severation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b   4 Number of states where property subject to conservation easement is located b   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   b -   5 Does the organization have a written policy regarding the periodic monitoring conservation easements during the year   b -   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   b -   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   b -   7 Amount of expenses incurred on line 2(d) above satisfy the requirements of section 170(h)				, Part IV, line 7.
□       Preservation of a certified historic structure         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2a         cd       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	1			
□       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total anumber of conservation easements       Image: the tax year.         b       Total acreage restricted by conservation easements       Image: the tax year.         c       Number of conservation easements on a certified historic structure included in (a)       Image: the tax year.         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       Image: the tax year.         3       Number of states where property subject to conservation easement is located ▶         4       Number of states where property subject to conservation easements is tholds?         0       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         >				
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.     Total number of conservation easements     Total acreage restricted by conservation easements     Cald     Number of conservation easements on a certified historic structure included in (a)     Cald     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure     Za			Preservation of a ce	ertified historic structure
day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       Za         b Total acreage restricted by conservation easements       Zb         c Number of conservation easements on a certified historic structure included in (a)       Ze         d Number of conservation easements on a certified historic structure included in (a)       Ze         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year				
a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   iisted in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year >   4 Number of states where property subject to conservation easement is located >   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   violations, and enforcement of the conservation easements it holds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   >   >   >   A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   >   >   >   A mount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conservation easements during the year   >   >   >   0 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   Part IIII   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. <t< th=""><th>2</th><th>Complete lines 2a through 2d if the organization held a quali</th><th>ified conservation contribution in the form</th><th></th></t<>	2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
<ul> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>\$</li></ul>				
<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li></ul>	а			
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b			
listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4 Number of states where property subject to conservation easement is located ▶         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         ★         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         > \$         8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)         and section 170(h)(4)(B)(ii)?         9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibi	С	Number of conservation easements on a certified historic str	ructure included in (a)	
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d			cture
<ul> <li>year ▶</li></ul>				
<ul> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balanc</li></ul>	3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▲</li> <li>3 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III</li> <li>Organization S Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report i</li></ul>		year ►		
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public</li></ul>	4	Number of states where property subject to conservation ea	asement is located $\blacktriangleright$	_
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>7 Armount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶ \$</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		violations, and enforcement of the conservation easements i	it holds?	Yes 📖 No
<ul> <li>\$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
<ul> <li>\$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		▶		
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		▶\$		
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		and section 170(h)(4)(B)(ii)?		
<ul> <li>conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	9			
<ul> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		conservation easements.		
<ul> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
<ul> <li>historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>		Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
<ul> <li>the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> </ul>	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
<b>b</b> If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		the text of the footnote to its financial statements that descr	ibes these items.	
relating to these items:	b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historica
		treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
(i) Revenue included on Form 990, Part VIII, line 1		relating to these items:		
		(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X				▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2			ial gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-	-		
a Revenue included on Form 990, Part VIII, line 1	а			▶ \$
b Assets included in Form 990, Part X				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Sche	dule D (Form 990) 2018 PKD FOU	NDATION					43 - 12	<u>6690</u>	<u>6 р</u>	age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or C	Other	Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	on, and other records	s, check any of the	following that are	e a sigr	nificant	use of its	collectio	n iterr	IS
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's	exemp	ot purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations c	of art, historical trea	sures, or other si	milar a	ssets		_		_
	to be sold to raise funds rather than to be m						L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes	" on Fo	orm 990	), Part IV,	line 9, o	•	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	is or other assets	not in	cluded				
	on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement in Part XIII and complete the following table:									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on F				-	·?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	<b>t V</b> Endowment Funds. Complete			, ,						<del></del>
		(a) Current year	(b) Prior year	(c) Two years ba		) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	4,079,744.	2,960,433.		·/.	0.7	00 000			
b	Contributions	409,814.	1,021,831.		-		00,000.			
	Net investment earnings, gains, and losses	276,814.	222,220.	310,50	·••		77,487.			
	Grants or scholarships									
е	Other expenditures for facilities	149 064	109 000	109 0						
	and programs	148,064.	108,000.				4 4 9 0			
	Administrative expenses	21,231. 4,597,077.	16,741.			2 7	4,480. 73,007.			
g	End of year balance		4,079,744.		· ·	2,1	13,007.			
2	Provide the estimated percentage of the cur	rent year end balance		a)) held as:						
a L	Board designated or quasi-endowment ► Permanent endowment ► 21.75		_%							
u o		%								
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho	%								
20	Are there endowment funds not in the posse		tion that are hold a	nd administored	for tho	organia	ration			
54	by:		lition that are need a			organiz	ation	1	Yes	No
	(i) unrelated organizations							3a(i)	103	X
	(ii) related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the							_ 0.0		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Pa	ırt X, lir	ne 10.				
	Description of property	(a) Cost or ot basis (investm	her <b>(b)</b> Cost		c) Acc	umulate	d	( <b>d)</b> Boo	k valu	e
1a	Land		·							
	Buildings									
	Leasehold improvements	6	9,356.		7	80.	6	8,5	76.	
	Equipment			6,222.	24	14,6			1,5	
	Other			-		•			-	
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				74	0,1	17.
							Schedule			

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	. ,	11d. See Form 990, Part X, line 15.	
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15.)	<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.		▶ 11e or 11f. See Form 990, Part X, line 25.	

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		
0 1 :	ability favour antain tax manificant. In Davit VIII, musuida tha taxt of the fast		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

#### Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 PKD FOUNDATION			43-	1266906 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,231,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	120,732.		
b	Donated services and use of facilities	2b	371,784.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		226.		
е	Add lines 2a through 2d			2e	492,742.
3	Subtract line 2e from line 1			3	6,738,373.
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	21,230.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	21,230.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,759,603.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	8,520,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	371,784.		
b	Prior year adjustments	. 2b			
с	Other sector and				
	Other losses	. 2c			
d	Other (Describe in Part XIII.)	··	226.		
d e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2d		2e	372,010.
	Other (Describe in Part XIII.)	2d		2e 3	372,010. 8,148,727.
e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2d			
е 3	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2d			
е 3 4	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d			8,148,727.
e 3 4 a b	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 	21,230.		8,148,727.
e 3 4 a b c 5	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	21,230.	3	8,148,727.

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

PART V, LINE 4:

THE PURPOSE OF THE RESEARCH OPPORTUNITY FUND AND NAMED ENDOWMENTS

(COLLECTIVELY REFERRED TO AS "ENDOWMENTS") IS TO PROVIDE FOR

GROWTH-ORIENTED LONG-TERM INVESTMENT OF FUNDS THAT ARE NOT NEEDED TO MEET

THE DAY-TO-DAY FINANCIAL OBLIGATIONS OF THE FOUNDATION.

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

31

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020-06R1

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PKD FOUNDATION	43-1266906 Page 5
Part XIII Supplemental Information (continued)	
REVENUE SERVICE TO GENERATE UNRELATED BUSINESS INCOME. NO	SUCH UNRELATED
BUSINESS INCOME TAX WAS INCURRED DURING 2019 OR 2018. THE	FOUNDATION
FOLLOWS THE STANDARDS FOR EVALUATING UNCERTAIN TAX POSITIO	NS AND HAS
DETERMINED NO LIABILITY SHOULD BE RECORDED FOR UNCERTAIN T	AX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD FOR MERCHANDISE SALES	226.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	<u> </u>
COST OF GOODS SOLD FOR MERCHANDISE SALES	226.
	Schedule D (Form 990) 2018
832055 10-29-18 32 200210 766257 020 01222800 2018 05051 DKD HOUNDARTON	0.20 06.01

10290310 766257 020-01333800 2018.05051 PKD FOUNDATION

SCHEDULE	F
(Form 990)	

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public
Inspection

Name of the organization

43-1266906

Employer identification number

#### PKD FOUNDATION

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... Yes X No
- 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, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS		
AUSTRIA, BELGIUM	0	0	LOCATED IN THE REGION	N/A	80,000.
EAST ASIA & THE PACIFIC	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	120,000.
3 a Subtotal	0	0			200,000.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			200,000.

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

Schedule F (Form 990) 2018

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PKD FOUNDATION

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		ICELAND & GREENLAND) -	INVESTIGATE ROLE OF MITOCHONDRIAL FITNESS IN PLYCYSTIC KIDNEY DISEASE PROGRESSION	80 000	ACH TRANSFER	0.		воок
			UNDERSTANDING ROLE OF SOMANTIC VARIATION AND NOVEL MUTATIONAL MECHANISMS		ACH TRANSFER	0.		BOOK
				120,000.				BOOK
by the IRS, or for whic	ch the grantee or cou	unsel has provided a sec	recognized as charities by the ction 501(c)(3) equivalency lette	ər	-			3

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018         PI           Part III         Grants and Other Assistance	KD FOUNDATI		ataa Complete if i		43-1266906		Pag
Part III can be duplicated if ad			ates. Complete in	the organization answered fee	on Form 990, Part	rv, iirie ro.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

Page 3

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 PKD FOUNDATION

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.

PART I, LINE 2:

ALL GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL RESEARCH PROGRESS REPORT

AND AN ANNUAL INSTITUTIONAL FINANCIAL STATUS REPORT. MOST GRANTEES ARE

ALSO REQUIRED TO SUBMIT INTERIM QUARTERLY PROGRESS REPORTS.

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.

832075 10-31-18

37 10290310 766257 020-01333800 2018.05051 PKD FOUNDATION Schedule F (Form 990) 2018

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$					r if the	2018	
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public	
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for inst	ructior	ns and	the latest informat			Inspection	
Name of the organization								ntification number	
		NDATION					3-1266		
	ing Activities complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "\	es" o	n Form 990, Part IV,	line 17.	Form 990-Ez	Z filers are not	
<ul> <li>Indicate whether the a X Mail solicitation</li> <li>X Mail solicitation</li> <li>X Internet and</li> <li>X Phone solicitation</li> </ul>	ons email solicitations		ation of ation of	non-g gover	overnment grants nment grants				
d X In-person sol		<b>3</b> 0pool							
<b>2 a</b> Did the organizatio key employees list	n have a written o ed in Form 990, P highest paid indi <sup>,</sup>	or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs organization.	profess	sional f	undraising services?	?	X Yes		
(i) Name and address or entity (fund		(ii) Activity	(iiii fund have co contrib		(iv) Gross receipts from activity	tò (or r fur	nount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
NEWPORT ONE - 21 RA	AILROAD	MANAGED DIRECT MAIL	Yes	No					
AVE, DUXBURY, MA	2332	EFFORTS		Х	484,158.	158,119.		326,039.	
Total		I		. ►	484,158.		158,119.	326,039.	
	ch the organizatio	on is registered or licensed to solicit	contrib	oution		d it is ex		egistration	

 AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV

 NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

 $\mathsf{LHA} \ \ \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}.$ 

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

## Schedule G (Form 990 or 990-EZ) 2018 PKD FOUNDATION

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

83208	2 10	)-03-18			Schedule G (For	rm 990 or 990-EZ) 2018
		Yes," explain:			you:	
10a	We	re any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
b	lf "I	No," explain:				
а	ls t	he organization licensed to conduct gaming ac		states?		Yes No
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	6	Volunteer labor	└──┘ No	└── Ì No	No No	
			Yes%	Yes%	Yes%	
	5	Other direct expenses				
Direct	4	Rent/facility costs				
Direct Expenses	3	Noncash prizes				
nses	2	Cash prizes				
$\neg$						
Rev	1	Gross revenue				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Pa	rt I	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	<u> </u>
		Direct expense summary. Add lines 4 through				
	9	Other direct expenses				
Ē	8	Entertainment				
ect E	7	Food and beverages				
Direct Expenses	6	Rent/facility costs				
se	5	Noncash prizes				
		Cash prizes				
	3	Gross income (line 1 minus line 2)				
	2	Less: Contributions				
Revenue	1	Gross receipts				
nue			(event type)	(event type)	(total number)	
						(add col. <b>(a)</b> through col. <b>(c)</b> )
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events

Schedule G (Form 990 or 990 EZ) 2018 PKD FOUNDATION		43-1266906 Page 3
11 Does the organization conduct gaming activities with nonmembers?		
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member to administer charitable gaming?		
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		
<b>b</b> An outside facility		
<b>14</b> Enter the name and address of the person who prepares the organization'	s gaming/special events books and recor	ds:
Name 🕨		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization have a contract with a third party	ganization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	► \$ and the amo	unt
of gaming revenue retained by the third party $\blacktriangleright$ \$		
<b>c</b> If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name 🕨		
Gaming manager compensation <b>&gt;</b> \$		
Description of services provided		
Director/officer Employee Indepe	endent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distribution	is from the gaming proceeds to	
retain the state gaming license?		Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed	d to other exempt organizations or spent	in the
organization's own exempt activities during the tax year <b>Supplemental Information.</b> Provide the explanations requi		and Dart III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional i	· · · · · · · ·	and Part III, lines 9, 90, 100,
PART I, LINE 2B, COLUMN (V):		
PAID PROFESSIONAL FUNDRAISER TO CREATE,	PRINT AND SEND DIREC	T MAIL
CONTRIBUTION SOLICITATIONS. PAYMENTS WE	RE MADE BY CHECK.	
832083 10-03-18	Schedule	G (Form 990 or 990-EZ) 2018
	40	

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020-06R1

			Schedule G (Form 990 or 990-EZ)
84 04-01-18		41	
0310 766257 020-01333800	2018.05051	PKD FOUNDATIO	ON 020-06R1

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organization	nd Individua	<b>s in the Ŭn</b> i on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2018</b> Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.i	rs.gov/Form990 fo		nation.		Inspection
Name of the organization PKD FOUND	ATION						Employer identification number 43-1266906
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than s							· · · ·
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							GENETIC APPROACH TO
YALE UNIVERSITY							DEFINE MEDIATORS OF
25 SCIENCE PARK, 150 MUNSEN STREET,				_			POLYCYSTIN-1 FUNCTION IN
NEW HAVEN, CT 06511-3572	06-0646973	501(C)(3)	80,000.	0.			POLYCYSTIC KIDNEY DISEASE
JOHNS HOPKINS UNIVERSITY 6005 HUNT RIDGE RD, APT 3431							SMALL MOLECULE CORRECTORS REDUCE CYST GROWTH IN
BALTIMORE, MD 21210	52-0595110	501(C)(3)	80,000.	0.			ADPKD
NORTHWESTERN UNIVERSITY - ASRSP CASH MANAGEMENT - 633 CLARK STREET - EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	80,000.	0.			THE MOLECULAR AND MECHANISTIC IMPACTS OF FINGER 1 VARIANTS ON PKD2 ION CHANNEL FUNCTION IN CONTROLLING THE VIABILITY
YALE UNIVERSITY 35 BELL STREET							OF PKD MUTANT CELLS VIA INACTIVATION OF XBP1 AS A
GLASTONBURY , CT 06033	06-0646973	501(C)(3)	80,000.	0.			NOVEL STRATEGY TO TREAT
UNIVERSITY OF KANSAS MEDICAL SCHOOL - 10601 NW 75TH TERR -							PRE-CLINICAL EVALUATION OF CASPASE 1 AS A THERAPEUTIC TARGET IN
KANSAS CITY, MO 64152	48-1108830	501(C)(3)	80,000.	0.			ADPKD.
REGENTS OF UNIVERSITY OF COLORADO PO BOX 910238							UNDERSTANDING THE ROLE OF CD8+ T-CELLS IN HALTING
DENVER, CO 80291-0238	84-6000555		80,000.	0.			RENAL CYSTOGENESIS
2 Enter total number of section 501(c)(3) a	•	•	ne line 1 table				
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice				<u></u>			Schedule I (Form 990) (2018)
	, 300 แне шаний						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

# Schedule I (Form 990) PKD FOUNDATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTH							EFFECTS OF DIETARY SALT
CAROLINA - 19 HAGOOD AVE, MSC 808							RESTRICTION ON
- CHARLESTON, SC 29403-5120	57-6000722	GOV	80,000.	0.			CYSTOGENESIS IN ARPKD
	37 0000722						THE ROLES OF DNA
MAYO CLINIC							METHYLATION IN AUTOSOMAL
PO BOX 860334							DOMINANT POLYCYSTIC
MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	80,000.	0.			KIDNEY DISEASE
YALE UNIVERSITY							ROLE OF INTERSTITIAL
PO BOX 1873							CELLS IN RENAL
NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	80,000.	0.			CYSTOGENESIS
UNIV OF KS MEDICAL CENTER RESEARCH			, -				MECHANISM OF
INSTITUTE, INC MSN 1039 3901							POLYCYSTIN-1-REGULATED G
, RAINBOW BLVD - KANSAS CITY, KS							PROTEIN SIGNALING AND ITS
, , , , , , , , , , , , , , , , , , , ,	48-1108830	501(C)(3)	80,000.	0.			ROLE IN THE PATHOGENESIS
			,				POLYCYSTIN-1 CLEAVAGE
UNIVERSITY OF MARYLAND							PRODUCT P100: DISTINCTIVE
655 W BALTIMORE ST, RBR 2-017A							TOPOLOGY, SPECIFIC
BALTIMORE, MD 21201	52-6002033	501(C)(3)	80,000.	0.			PROPERTIES, AND
· · · ·							UNDERSTANDING HOW THE
REGENTS OF THE UNIVERSITY OF							CILIARY TRANSITION ZONE
CALIFORNIA - PO BOX 748872 - LOS							CONTROLS POLYCYSTIN-2
ANGELES, CA 90074-4872	94-3067788	501(C)(3)	80,000.	٥.			LOCALIZATION TO CILIA
							KIDNEY SPECIFIC DRUG
UNIVERSITY OF ALABAMA AT							DELIVERY USING
BIRMINGHAM - 1720 2ND AVE. SOUTH							NANOPARTICLES IN PKD1
LHRB 621 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	80,000.	0.			MICE
							TAKING PKD OUT OF THE
PRESIDENT AND FELLOWS OF HARVARD							KIDNEY: DISSECTION OF
COLLEGE - PO BOX 415649 - BOSTON,							POLYCYSTIN SIGNALING IN A
MA 02241-5649	04-2103580	501(C)(3)	80,000.	0.			NOVEL CELL-BASED SYSTEM
UNIVERSITY OF MARYLAND SCHOOL OF							BAC TRANSGENESIS TO MODEI
MEDICINE - 22 S GREENE ST, ROOM							AN ANEURYSM-ASSOCIATED
N3W143 - BALTIMORE, MD 21201	52-6002033	501(C)(3)	80,000.	0.			HUMAN MUTATION IN MICE

Schedule I (Form 990)

Schedule I (Form 990) PKD FOUND							3-1266906 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho I	edule I (Form 990), Pa I	urt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193-5012	91-2153073	501(C)(3)	80,000.	0.			REGULATION OF CILIARY G-PROTEIN SIGNALING BY POLYCYSTIN-1
THE CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY, MO 64180-3852	44-0605373	501(C)(3)	80,000.	0.			MOLECULAR CHARACTERIZATION OF CYST FORMATION IN A PORCINE MODEL OF EARLY ADPKD
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203-6428	52-6002033	GOV	80,000.	0.			DISRUPTION OF THE APICAL JUNCTIONAL COMPLEX IN CYSTOGENESIS AND ADPKD
ST JOHN'S UNIVERSITY 8000 UTOPIA PARK QUEENS, NY 11438	11-1630830	501(C)(3)	80,000.	0.			THE ROLE OF POLYCYSTIN-1 IN THE POLYCYSTIN-1/POLYCYSTIN-2 ION CHANNEL COMPLEX
BRIGHAM AND WOMEN'S HOSPITAL 77 AVENUE LOUIS PASTEUR, 4 BLACKFAN BOSTON, MA 02115		501(C)(3)	80,000.	0.			ELUCIDATING THE CYSTOGENIC PROTEOME IN POLYCYSTIC KIDNEY DISEASE
MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	40,000.	0.			ADPKD MUTATION DATABASE
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873		501(C)(3)	60,000.	0.			TARGETING THE CELL CYCLE AS A POTENTIAL TREATMENT FOR ADPKD: THE ROLE OF CYCLIN-DEPENDENT KINASE 1
, MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486		501(C)(3)	60,000.	0.			RESTORING CILIARY LEVEL OF FUNCTIONAL POLYCYSTINS AS A NOVEL THERAPEUTIC APPROACH FOR ADPKD
, UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 512 RATON PASS - IRVING, TX 75063		501(C)(3)	60,000.				INVESTIGATING THE M6A RNA METHYLATION PATHWAY AS A THERAPEUTIC OPTION FOR ADPKD TREATMENT

Schedule I (Form 990)

# Schedule I (Form 990) PKD FOUNDATION

43-1266906 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)(3)	60,000.	0.			ROLE OF TULP3-MEDIATED CILIARY PROTEIN TRAFFICKING IN KIDNEY CYSTOGENESIS
UNIVERSITY OF MARYLAND 737 WEST LOMBARD ST BALTIMORE, MD 21201	52-6002033	501(C)(3)	60,000.	0.			RELIEVING THE STRESS OF PKD: A NEW ROLE OF PKHD1 IN DETOXIFICATION MEDIATED VIA DIFFERENTIA
UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 80291-0238	84-6000555	501(C)(3)	50,000.	0.			PKD GENE THERAPY TARGETING THE 4E-BP1 PATHWAY
KUMC KIDNEY INSTITUTE 4330 SHAWNEE MISSION PARKWAY FAIRWAY, KS 66205	48-1108830	501(C)(3)	50,000.	0.			TARGETING THE LKB1-AMPK SIGNALING PATHWAY IN POLYCYSTIC KIDNEY DISEAS
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	50,000.	0.			GENETIC VARIANTS PREDISPOSING TO INTRACRANIAL ANEURYSM FORMATION IN ADPKD

Schedule I (Form 990)

PKD FOUNDATION

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
APLAN PRIZES	2	100,000.	0.	CASH VALUE	

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

PART I, LINE 2:

ALL GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL RESEARCH PROGRESS REPORT AND

AN ANNUAL INSTITUTIONAL FINANCIAL STATUS REPORT. MOST GRANTEES ARE ALSO

REQUIRED TO SUBMIT INTERIM QUARTERLY PROGRESS REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWESTERN UNIVERSITY - ASRSP CASH MANAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MOLECULAR AND MECHANISTIC

Part IV Supplemental Information

IMPACTS OF FINGER 1 VARIANTS ON PKD2 ION CHANNEL FUNCTION IN THE PRIMARY CILIA.

NAME OF ORGANIZATION OR GOVERNMENT: YALE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTROLLING THE VIABILITY OF PKD

MUTANT CELLS VIA INACTIVATION OF XBP1 AS A NOVEL STRATEGY TO TREAT ADPKD

NAME OF ORGANIZATION OR GOVERNMENT:

UNIV OF KS MEDICAL CENTER RESEARCH INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MECHANISM OF POLYCYSTIN-1-REGULATED

G PROTEIN SIGNALING AND ITS ROLE IN THE PATHOGENESIS AND TREATMENT OF PKD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: POLYCYSTIN-1 CLEAVAGE PRODUCT P100:

DISTINCTIVE TOPOLOGY, SPECIFIC PROPERTIES, AND POLYCYSTIN-2-ASSOCIATED

CHANNEL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTORING CILIARY LEVEL OF

FUNCTIONAL POLYCYSTINS AS A NOVEL THERAPEUTIC APPROACH FOR ADPKD

TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: RELIEVING THE STRESS OF PKD: A NEW

ROLE OF PKHD1 IN DETOXIFICATION MEDIATED VIA DIFFERENTIAL CLEAVAGE OF THE

INTRACELLULAR DOMAIN

SC	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	)
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
		PKD FOUNDATION	43-1	L26690	6	
Pa	rt I Question	s Regarding Compensation				
4-		inte la sula de la compania de la companya de la co			Yes	No
та		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	, i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	Independent of	compensation consultant <u>X</u> Compensation survey or study				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		~
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
5	contingent on the r					
а	•			5a		x
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?	-		6a		Х
		ation?				Х
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?				Ĺ
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	2018 (

#### 43-1266906

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ANDY BETTS	(i)	201,793.	33,550.	0.	15,153.	28,806.		0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.	
(2) DAVID BARON	(i)	187,450.	18,720.	0.	24,500.	11,101.	241,771.	0.	
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
(3) KENNETH MCLAUGHLIN	(i)	90,917.	19,000.	29,412.	24,500.	11,426.	175,255.	0.	
COO - LEFT DECEMBER 2018	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Schedule J (Form 990) 2018

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

18

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.

**Open to Public** Inspection

V	ame	of	the	organization	
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PKD	FOUNDATION	

Employer identification number 43-1266906

ſ 20

Pa	rt I Types of Property							
		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d) Mathad of da	tormini	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 1g				
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	X	28	12,614.	FAIR VALUE			
7	Boats and planes							
8	Intellectual property			~ / /				
9	Securities - Publicly traded	X	7	37,744.	FAIR VALUE			
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 $_{\dots}$							
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		v	274	101 000				
25	Other ( EVENT ITEMS )	X	274	191,238.	РМУ			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi						0	
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
20-	During the year did the exception reactive h	voortributio		aartad in Dart I. linaa 1 thrau	ab 20. that it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat					200		х
h	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	۰				30a		
	<b>.</b>	policy that r	oquiros the review	of any poperandard contribu	itions?	24	x	
31 32a	Does the organization have a gift acceptance Does the organization hire or use third parties					31		
JZd			•			32a	x	
h	If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proport	v for which column (a) is cho	rked			
00	describe in Part II.		a type of propert	y to writer column (a) is che				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

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, LINE 32B:

#### ORGANIZATION UTILIZES ONGOING BANKING RELATIONSHIPS TO MARKET DONATED

#### SECURITIES.

Schedule M (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 43 - 1266906

PKD FOUNDATION

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

PKD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROJECTS THAT FOCUS ON RISK FACTORS FOR PKD MANIFESTATIONS, BETTER

UNDERSTANDING OF CELLULAR MECHANISMS THAT ACCELERATE PROGRESSION AND

IDENTIFYING TARGETS FOR PKD. THE FOUNDATION ALSO COMMITTED TO FUNDING

ONE JUNIOR INVESTIGATOR WITH A THREE-YEAR COMMITMENT THROUGH THE YOUNG

INVESTIGATOR AWARD.

FELLOWSHIPS: PROVIDED \$450,000 IN FELLOWSHIP FUNDING TO 5 SUPPORT

TRAINEES IN OBTAINING RESEARCH EXPERIENCE AS THEY INITIATE CAREERS IN

PKD.

CORE GRANTS: INVESTED \$40,000 TO SUPPORT CORE RESEARCH GRANTS SERVICES AND RESOURCES FOR PKD SCIENTISTS IN A PROMINENT GENETIC LAB SO THAT FOUNDATION DOLLARS CAN BE LEVERAGED ACROSS THE PKD RESEARCH COMMUNITY.

ADPKD REGISTRY: LED THE DEVELOPMENT AND IMPLEMENTATION OF THE NATION'S FIRST ADPKD PATIENT REGISTRY TO COLLECT VALUABLE DATA ABOUT THE PKD EXPERIENCE DIRECTLY FROM PATIENTS AND SUPPORT THE RECRUITMENT OF PARTICIPANTS FOR CLINICAL STUDIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HELD THIS YEAR THAT RAISED \$623,223. CHAPTERS ALSO RAISE AWARENESS AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18
 53

Schedule O (Form 990 or 990-EZ) (2018) Page 2									
Name of the organization PKD FOUNDATION	Employer identification number 43-1266906								
MONEY THROUGH THE WALK FOR PKD, THE FOUNDATION'S SIGNATUR	E FUNDRAISING								
AND PUBLIC AWARENESS EVENT. THE WALK TOOK PLACE IN 54 CIT	IES ACROSS THE								
NATION EACH YEAR AND HAS RAISED NEARLY \$32 MILLION SINCE	2000.								

ON A NATIONAL LEVEL, THE FOUNDATION PROVIDES IN-DEPTH RESOURCES AND EDUCATION ABOUT LIVING WITH PKD TO EMPOWER PEOPLE TO MANAGE THEIR HEALTH. OFFERINGS INCLUDE WEBINARS, VIDEOS, A MULTI-FACETED WEBSITE (CONNECT.PKDCURE.ORG), ONLINE COMMUNITIES AND PRINT MATERIALS. ADDITIONALLY, WEBINARS WERE ATTENDED OR VIEWED BY 383 ATTENDEES.

THE ARPKD/ADPKD PATIENT HANDBOOK IS AVAILABLE FOR PEOPLE WITH PKD TO HELP THEM NAVIGATE THEIR DISEASE. 110 HANDBOOKS WERE MAILED AND 430 DOWNLOADED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UNIQUE VISITS AND PKDCONNECTION.ORG RECEIVED 268,609 VISITS.

THE FOUNDATION PLAYS A KEY ROLE IN LEGISLATIVE ADVOCACY TO SUPPORT

PKD-RELATED INITIATIVES. THE PKD ADVOCACY ACTION CENTER

(PKDCURE.ORG/ADVOCACY) SENT ADVOCACY ALERTS TO 13,000 PKD ADVOCATORS

ABOUT LEGISLATIVE AND PUBLIC POLICY ISSUES IMPACTING PKD PATIENTS AND

FAMILIES. THE FOUNDATION JOINS WITH OTHER KIDNEY DISEASE-RELATED

ORGANIZATIONS IN EVENTS THAT ALLOW ADVOCATES TO MEET WITH MEMBERS OF

CONGRESS TO RAISE AWARENESS OF PKD AND DISCUSS LEGISLATIVE PRIORITIES.

	FORM	1990	, PA	RT V	νI, SI	ECTIC	ON E	3, L	INE	11B	:								
	THE	FORM	990	IS	PREPA	ARED	BY	AN	INDI	EPEN	DEN'	т ас	COUNT	ING	FIRM	PR:	IOR	то	FILING
	THE	FORM	990	FOR	PKD	FOUL	IDAT	ION	, A	DRA	FT (	СОРУ	WILL	BE	PROV	IDED	то	THE	BOARD
	832212	10-10-18													Schedul	e O (Foi	m 990	) or 99	0-EZ) (2018)
10	2903	10 7	56257	02	0-013	3380	0	2018	3.05	051	54 PKI	-	JNDATI	ON				02	0-06R1

Schedule O (Form 990 or 990-EZ) (2018)
Name of the organization

PKD FOUNDATION

OF TRUSTEES FOR REVIEW AND COMMENT. ANY COMMENTS WILL BE ACCUMULATED BY

MANAGEMENT AND ADDRESSED ACCORDINGLY PRIOR TO FILING WITH THE IRS.

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

MEMBERS OF THE BOARD OF TRUSTEES OF PKD FOUNDATION ARE REQUIRED TO SIGN AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST. THE GOVERNANCE 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.

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

ANNUALLY, THE CHAIRMAN OF THE BOARD OF TRUSTEES 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 RECOMMENDS TO THE BOARD THE CEO'S COMPENSATION PACKAGE FOR APPROVAL, BASED ON THIS EVALUATION. THE CEO'S COMPENSATION WAS LAST REVIEWED IN 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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.

FORM 990, PART VII, SECTION A, LINE 1:

832212 10-10-18

PKD FOUNDATION CONTRACTS WITH ADP TOTALSOURCE TO PROVIDE CERTAIN

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number
PKD FOUNDATION	43-1266906
EMPLOYEE BENEFITS AND PAYROLL SERVICES. EMPLOYEES ARE CON	SIDERED TO BE
JOINTLY EMPLOYED BY BOTH PKD FOUNDATION AND ADP TOTALSOUR	CE. IN ORDER
TO COMPLY WITH TRANSPARENCY DIRECTIVES AS A PART OF THE F	ORM 990, THE
FOUNDATION HAS DECIDED TO REPORT COMPENSATION IN PART VII	TO INCLUDE
AMOUNTS PAID AND REPORTED ON W-2'S BY ADP TOTALSOURCE.	

NO CHANGE FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 2C:

832212 10-10-18