Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Soper, Soper & Weinel LLP Certified Public Accountants 35 East Seventh Street, Suite 505 Cincinnati, Ohio 45202-2411

October 14, 2021

Prokids 2605 Burnet Avenue Cincinnati, OH 45219

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Soper, Soper & Weinel LLP

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization

for an Exempt Organization , 2020, and ending For calendar year 2020, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax

Taxpayer identification number

31-1020021

PROKIDS Name and title of officer or person subject to tax

STEPHEN BROWN

TREASURER

	_	
Part I		Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A)	, line 12)	1ь 5866755.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF	, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		7b
Part II Declaration and Signature Authorization of Officer or Perso	n Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or	\square I am a person subject to	tax with respect to
(name of organization), (El	N)	and that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of	f my knowledge and belief	, they are

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

PIN: check one box only

X lauthorize SOPER, SOPER & WEINEL I	ιЬΡ
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to enter my PIN

ERO firm name

Enter five numbers but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY ***

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31523439109

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing or t	This form, visit www.ms.gov/e me providers/e me for chair	noo ana n	ion promo.					
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	ps, REMIC	s, and trusts			
must use	e Form 7004 to request an extension of time to file incom	e tax retu	rns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaver	identification nun	nber (TIN)		
print	The state of exemption game and the state of			1 42 42 43 51				
-:	PROKIDS				31-1020021			
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2605 BURNET AVENUE	ee instruc	tions.					
nstructions	City, town or post office, state, and ZIP code. For a for CINCINNATI, OH 45219	oreign add	dress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1		
Applicat	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
Form 99	0-T (trust other than above) CAROL IGOE	06	Form 8870			12		
Telep If the If this	hone No. ► $513-281-2000$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. inited States, check this boxemption Number (GEN)	If this is for	r the whole group,			
1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ X calendar year 2020 or □ tax year beginning, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period								
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less					
	y nonrefundable credits. See instructions.	\t		3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069		•		•	0.		
_	timated tax payments made. Include any prior year overp			3b	\$	<u> </u>		
	lance due. Subtract line 3b from line 3a. Include your pa	•			•	0.		
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$			
Caution Instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	na Form 8879-EO	tor payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Α	For the	2020 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identif	ication number
Г	Addres	PROKIDS		
Ē	Name change		31-10200	21
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/	2605 BURNET AVENUE	513-281-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5877040.
	Amend	cincinnati, oh 45219	H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: TRACY COOK	for subordinates	
	pendin	9 2605 BURNET AVENUE, CINCINNATI, OH 45219	H(b) Are all subordinates	included? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) ()		list. See instructions
		e:▶ WWW.PROKIDS.ORG	H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other ▶ L	$^\prime$ ear of formation: 1981 [vi State of legal domicile: OH
P		Summary		
Governance	1 1	Briefly describe the organization's mission or most significant activities: ${\color{red} { m ADVOCATE}}$	S ON BEHALF C	F ABUSED
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net a	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		28
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		28
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		52
Ζij	6	Total number of volunteers (estimate if necessary)	6	400
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	4325866.	5008110.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	124406
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202128.	124496.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1064086. 5592080.	734149.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8583.	5866755. 19818.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0303.	19010.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	2248641.	2529757.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 454062.	0.	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 454062 • Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	357348.	330978.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2614572.	2880553.
		Revenue less expenses. Subtract line 18 from line 12	2977508.	2986202.
or or		TO TO THE TEXT OF THE TOTAL THE TEXT OF TH	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	11035193.	14481684.
Net Assets or	21	Total liabilities (Part X, line 26)	208818.	669107.
Est	22	Net assets or fund balances. Subtract line 21 from line 20	10826375.	13812577.
P	art II	Signature Block		
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	ny knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	gn	Signature of officer	Date	
He	re	STEPHEN BROWN, TREASURER		
		Type or print name and title	Date Check	II PTIN
D-1		Print/Type preparer's name Preparer's signature TER D METNET CDA	l if	
Pai		LEE R WEINEL CPA LEE R WEINEL CPA	self-emplo	
		Firm's name SOPER, SOPER & WEINEL LLP Firm's address 35 EAST SEVENTH STREET SUITE 505	Firm's EIN ▶	31-144443
US	5 UIIIY	Firm's address 35 EAST SEVENTH STREET SUITE 505 CINCINNATI, OH 45202	Phone no. (5	13) 241-5417
N40	v tha IF	RS discuss this return with the preparer shown above? See instructions	Prione no. (3	X Yes No
IVIC		NA CARROLLEGA DE LE CALLE MALLE LA CARLET SHOWN ADOVE (SEC HISHDOHOUS		11153 1110

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MOBILIZE OUR COMMUNITY TO BREAK THE VICIOUS CYCLE OF CHILD ABUSE AND
	NEGLECT, AND PROVIDE OUTSTANDING ADVOCACY FOR ABUSED AND NEGLECTED
	CHILDREN WHO ARE IN THE JUVENILE COURT SYSTEM.
	011121121
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1734840. including grants of \$ 19818.) (Revenue \$ OPERATING - PROVIDES FOR RECRUITING, TRAINING AND SUPERVISING OF 304
	VOLUNTEER CASAS (COURT APPOINTED SPECIAL ADVOCATES) WHO PROVIDE
	ADVOCACY WITH STAFF FOR 1095 ABUSED AND NEGLECTED CHILDREN
	ADVOCACT WITH STAFF FOR 1095 ABOSED AND NEGLECTED CHILDREN
4b	(Code:) (Expenses \$ 312023 • including grants of \$) (Revenue \$
	VICTIM OF CRIME ACT (VOCA) GRANT - PROVIDE PARTIAL SALARIES AND FRINGES
	FOR 16 EMPLOYEES THROUGH 9/30/2020 AND THEN 13 EMPLOYEES THROUGH
	12/31/2020 AND OTHER EXPENSES.
4c	(Code:) (Expenses \$
	¬
1-1	Other pregram conject (Describe on Schedule O.)
4d	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2046863.
	Total program control expended P

31-1020021

Form 990 (2020) PROKIDS 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			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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	_		7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		1
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	Λ	
C	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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4-		_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democro government on traiting column (ry, into the interference complete combatto), traite traite in		L	

31-1020021 Page 4

Form 990 (2020)

PROKIDS

Part IV	Checklist of Required Schedules (continued)
I all IV	Officialist of Medalied Ochedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١.,		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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			۱
	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?		77	1
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included in line 1a. Enter -0- if not applicable	H		
	Enter the number of Forms w-2d included in line 1a. Enter 40- in 10t applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Λ	Щ_

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

			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			
b	calendar year ending with or within the year covered by this return Le is reported on line 2a, did the organization file all required federal employment tax returns? Le is reported on line 2a, did the organization file all required federal employment tax returns? Le is reported on line 2a, did the organization file all required federal employment tax returns? Le is reported on line 2a, did the organization file all required federal employment tax returns? Le is filed a Form 990-T for this year? If *No* to line 3b, provide an explanation on Schedule O Le during the calendar year, did the organization have an interest in, or a signature or other authority over, a count in a foreign country (such as a bank account, securities account, or other financial account)? Le or the name of the foreign country Le or filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). It is an izeration a party to a prohibited tax shelter transaction at any time during the tax year? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Le or 5b, did the organization shelt that were not tax deductible as charitable contributions? Let or 5b, and the organization shelt that were not tax deductible as charitable contributions? Let organization neceive deductible contributions under section 170(c). Lettion receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? The organization notify the donor of t		Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicing any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b				
	were not tax deductible?	6b		
7				
		7a		X
		7b		
С				7.7
	I I	7с		Х
е		7e		
		7f		
	Form 8282? s," indicate the number of Forms 8282 filed during the year e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the soring organization have excess business holdings at any time during the year? soring organizations maintaining donor advised funds. e sponsoring organization make any taxable distributions under section 4966?			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
8				
^		8		
		9a		
		9b		
		ЭIJ		
	1 1			
	· · · · · · · · · · · · · · · · · · ·			
	``` '			
-				
I2a		12a		
13				
а		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С				
		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year				
	excess parachute payment(s) during the year?	15		Х
to file Form 8282?  d         "Yes," indicate the number of Forms 8282 filed during the year				
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.			

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 on Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See	instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		28			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			]	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		]	5		X
6	Did the organization have members or stockholders?			]	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			[	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)				
						Yes	No
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 of	hapters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the forn	1?	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cont	licts?	[	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," de	escribe				
	in Schedule O how this was done			]	12c	Х	
13	Did the organization have a written whistleblower policy?			]	13	X	
14	Did the organization have a written document retention and destruction policy?			[	14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			[	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶OH						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (Section 501	(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest polic	y, and	d finar	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's be CAROL, TGOE $-513-281-2000$	ooks an	d records ▶_				

OH

45219

2605 BURNET AVENUE, CINCINNATI,

## 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

- 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.

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

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

(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	CCI AII	uau	11 6010	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or o	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	trust	ıal tru		yee	ompe		,		and related
	below	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	Por			
(1) TRACY COOK	35.00							100600		•
EXEC. DIRECTOR				Х				128692.	0.	0.
(2) ROBERT A MCMAHON	0.00									
PRESIDENT				X				0.	0.	0.
(3) JOHN M HANDS	0.00									
PAST PRESIDENT				Х				0.	0.	0.
(4) JOANN HAGOPIAN	0.00								_	_
PRESIDENT ELECT				Х				0.	0.	0.
(5) T.D. HUGHES	0.00								_	_
PRESIDENT EMERITUS				Х				0.	0.	0.
(6) WYNNDEL WATTS	0.00							_	_	_
SECRETARY				Х				0.	0.	0.
(7) JEB H HEAD	0.00								_	_
PRESIDENT EMERITUS				Х				0.	0.	0.
(8) STEVE MOSER	0.00								_	_
TREASURER				Х				0.	0.	0.
(9) DIANE ADAMEC	0.00								_	
TRUSTEE		Х						0.	0.	0.
(10) JENNIFER BASTOS	0.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(11) STEPHEN BROWN	0.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(12) MACKENZIE CHAVEZ	0.00								_	_
TRUSTEE		Х						0.	0.	0.
(13) GRACE CHUNG DIPAOLO	0.00								_	_
TRUSTEE		Х						0.	0.	0.
(14) TOM CUNI	0.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(15) WILLIAM DECAMP	0.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(16) PATRICK DOLLE	0.00							_		_
TRUSTEE		Х	Щ				<u> </u>	0.	0.	0.
(17) SANDY HARTE	0.00									_
TRUSTEE		X						0.	0.	0.

Part VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		not c	Pos heck	more	than		Reportable	Reportable			stimate	-
	hours per week			ess pe				compensation from	compensation from related			nount o	of
	(list any	jo.						the	organization			otriei ipensa	tion
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MIS			rom the	
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC)		<i>'</i>	org	anizati	ion
	organizations	l trus	Institutional trustee		Key employee	ompe					an	d relate	ed
	below	vidua	itution	Ser	emplo	hest c	ner				orga	anizatio	ons
	line)	Indi	Inst	Officer	Key	Hig	윤				<u> </u>		
(18) MICHAEL HINES	0.00	,,								_			^
TRUSTEE	0 00	Х			<u> </u>			0.		0.	<u> </u>		0.
(19) MICHELLE HUDEPOHL	0.00	Х						0.		0.			Λ
TRUSTEE	0.00	^			<u> </u>			0.		<u> </u>	<del></del>		0.
(20) PETER KLEKAMP TRUSTEE	0.00	х						0.		0.			0.
(21) JILL MCINTOSH	0.00	_						0.			<u> </u>		<u> </u>
TRUSTEE	0.00	x						0.		0.			0.
(22) LYNN MILLER	0.00	_						0.			<u> </u>		<u> </u>
TRUSTEE	0.00	Х						0.		0.			0.
(23) GAIL MOORE	0.00				$\vdash$	$\vdash$		0.		<u> </u>			<u> </u>
TRUSTEE	0.00	Х						0.		0.			0.
(24) ESSA NASER	0.00							0.					
TRUSTEE	0.00	Х						0.		0.			0.
(25) STEPHEN NESBITT	0.00												
TRUSTEE		x						0.		0.			0.
(26) JUSTIN TILLSON	0.00												
TRUSTEE		х						0.		0.			0.
1b Subtotal					_		<b></b>	128692.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	128692.		0.			0.
2 Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,			•		•		_		•				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su			-					•	the organization				
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	•				•			•		i			77
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	= -	-								npens	ation t	rom	
the organization. Report compensation for	tne calendar y	ear	enai	ing v	vith	or w	rithir T		/ear.				
(A) Name and business	address	NI	INC	F.				<b>(B)</b> Description of s	ervices	C	Ompe	ر) nsatioı	n
		111	2141				$\dashv$	2000	5. 1.000				<u> </u>
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi					(	0		•					

Form 990 PROKIDS 31-1020021

ees, Key En (B) Average hours per week (list any hours for related	r director	ional trustee	<b>(C</b> Posi	<b>C)</b> ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(B) Average hours per week (list any hours for related ganizations below line)  0.00	X Individual trustee or director	ional trustee	Posi all t	ition that	арр	ly)	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
hours per week (list any hours for related ganizations below line)  0.00	Individual trustee or director	ional frustee	all t	that	арр		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
per week (list any hours for related ganizations below line) 0.00	Individual trustee or director	ional trustee					from the organization	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
week (list any hours for related ganizations below line)  0.00	Х	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
(list any hours for related ganizations below line)  0.00	Х	Institutional trustee	Officer	Key employee	Highest compensated employe	Former	organization	(W-2/1099-MISC)	from the organization and related
hours for related ganizations below line)  0.00	Х	Institutional trustee	Officer	Key employee	Highest compensated em	Former			organization and related
related reganizations below line)  0.00	Х	Institutional trustee	Officer	Key employee	Highest compensate	Former	(		and related
below line) 0.00	Х	Institutional fro	Officer	Key employee	Highest compe	Former			
0.00 0.00	Х	Institutio	Officer	Key empl	Highest c	Former			
0.00	Х	lnst	940	Кеу	Hig	For			
0.00									
							1 _ 1	_	_
	X						0.	0.	0
0.00	X						_		_
0.00		-					0.	0.	0
							_		_
	X						0.	0.	0
		-			-				
		$\vdash$							

Form 990 (2020) PROKIDS
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lin	ne in this Part VIII			
					(A)	(B)	(C)	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
						, and the state of		sections 512 - 514
nts nts	1 a	Federated campaigns	1a	80800.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, (	С	Fundraising events	1c	2056155.				
la gi	d	Related organizations	1d					
ini,	е	Government grants (contr	ributions) 1e	319992.				
흔	f	All other contributions, gifts,	grants, and					
ള		similar amounts not included	above <b>1f</b>	2551163.				
g	g	Noncash contributions included in	lines 1a-1f <b>1g</b> \$	59056.				
<u>8</u> 0	h	Total. Add lines 1a-1f		<b></b>	5008110.			
				Business Code				
Se	2 a		_					
Program Service Revenue	b							
n Si	С		_					
lev ev	d		_					
og F	е		_					
ءَ ا	f	All other program service	revenue					
	g	Total. Add lines 2a-2f		<b></b>				
	3	Investment income (include	-					
		other similar amounts)			124496.			124496.
	4	Income from investment of	of tax-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
		Net rental income or (loss						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
ng		and sales expenses	7b					
ther Revenue		Gain or (loss)	•					
ı,	d	Net gain or (loss)		<u></u>				
the l	8 a	Gross income from fundraising	ng events (not					
0		including \$						
		contributions reported on						
		Part IV, line 18						
		Less: direct expenses		10285.	-10285.			10205
		Net income or (loss) from		<b></b>	-10203.			-10285.
	9 a	Gross income from gamin	-					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from	· · · · · · · · · · · · · · · · · · ·	<b></b>				
	10 a	Gross sales of inventory,						
		and allowances		<u> </u>				
		Less: cost of goods sold						
$\rightarrow$	с	Net income or (loss) from	sales of inventory	Business Code				
Sn	44 -	UNREALIZED AN	ID REAT.TOE	900099	726719.	726719.		
nec Tue	11 a	SUNDRY	- VRVNTQR	900099	17811.	17811.		
Miscellaneous Revenue	a -	UNREALIZED GA	TN ON REN	900099	-96 <b>.</b>	-96.		
Re	C L		-	700077	70.	, , , , ,		
Σ		All other revenue		<b></b>	744434.			
	12	Total revenue. See instruction			5866755.	744434.	0.	114211.
		. J.a J. Jiiay . Coo mondoll				,	, ••	

## 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 respon-	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19818.	19818.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	128692.	64346.	38608.	25738.
^	trustees, and key employees	120092.	04340.	30000.	23730.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1986415.	1398465.	261322.	326628.
8	Pension plan accruals and contributions (include	1700413.	1370103.	201322.	320020.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	250902.	173524.	35579.	41799.
10	Payroll taxes	163748.	113248.	23220.	27280.
11	Fees for services (nonemployees):				
b		1770.	1770.		
	Accounting	9000.		9000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32261.	32261.		
g					
	column (A) amount, list line 11g expenses on Sch O.)	33297.	31431.	858.	1008.
12	Advertising and promotion	74884.	74884.		
13	Office expenses	12063.	12063.		
14	Information technology	16866.	16866.		
15	Royalties	41000	00060	5015	
16	Occupancy	41009.	28362.	5815.	6832.
17	Travel	13925.	13925.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	15260.	10554.	2164.	2542.
23	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	7293.	5044.	1034.	1215.
23 24	Other expenses. Itemize expenses not covered	, 253	30111	20021	
2-7	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	16614.	11490.	2356.	2768.
b	TELEPHONE	15892.	10991.	2254.	2647.
С	VOLUNTEER EXPENSES	14688.	14688.		
d	PRINTING AND PUBLICATIO	11140.	3280.		7860.
е	All other expenses	15016.	9853.	-2582.	7745.
25	Total functional expenses. Add lines 1 through 24e	2880553.	2046863.	379628.	454062.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2000)

31-1020021 Page **11** Form 990 (2020)
Part X Balance Sheet PROKIDS

Ра	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note 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			399973.	1	516199.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2626671.	3	3754848.
	4	Accounts receivable, net			1910.	4	1910.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8539.	9	11412.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		201899.			
	b	Less: accumulated depreciation		145145.	55879.	10c	56754.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	7929380.	12	10127816.		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			12841.	15	12745.
	16	Total assets. Add lines 1 through 15 (must e			11035193.	16	14481684.
	17	Accounts payable and accrued expenses			208818.	17	242407.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
Se	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Ĭ		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	sons		22	
_	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	426700.
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			208818.	26	669107.
ý		Organizations that follow FASB ASC 958,	check he	re 🕨 🗓			
၁င		and complete lines 27, 28, 32, and 33.			<b>5050505</b>		0.405114
alaı	27	Net assets without donor restrictions			7053505.	27	8487114.
Ä	28	Net assets with donor restrictions			3772870.	28	5325463.
Š		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
Ĕ		and complete lines 29 through 33.					
ţs (	29	Capital stock or trust principal, or current fur				29	
SSe	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		_	100000	31	12040555
Š	32	Total net assets or fund balances			10826375.	32	13812577.
	33	Total liabilities and net assets/fund balances			11035193.	33	14481684.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		667		
2	Total expenses (must equal Part IX, column (A), line 25)	2		805		
3	Revenue less expenses. Subtract line 2 from line 1	3			02.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108	<u> 263</u>	75 <b>.</b>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	138	125	77.	
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	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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	X		
	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:					
	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 on Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2020)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PROKIDS 31-1020021 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2641872.	3632244.	4247597.	4325866.	5008110.	19855689.			
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	2641872.	3632244.	4247597.	4325866.	5008110.	19855689.			
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)						4275451.			
	Public support. Subtract line 5 from line 4.						15580238.			
Section B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	2641872.	3632244.	4247597.	4325866.	5008110.	19855689.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		44604							
	and income from similar sources	68320.	116381.	166934.	173615.	124496.	649746.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						00505435			
11	<b>Total support.</b> Add lines 7 through 10						20505435.			
12	Gross receipts from related activities,	•	,			12	30384.			
13	First 5 years. If the Form 990 is for the	-			•					
800	organization, check this box and stor						<u> </u>			
	etion C. Computation of Publ			I (f)			75.98 %			
	Public support percentage for 2020 (I					14				
	Public support percentage from 2019 33 1/3% support test - 2020. If the co					15				
IVa	stop here. The organization qualifies	-								
h	33 1/3% support test - 2019. If the c									
b	and <b>stop here.</b> The organization qual	•				•				
172	10% -facts-and-circumstances tes									
17 a	and if the organization meets the fact	ū					·			
	meets the facts-and-circumstances to					-				
h	10% -facts-and-circumstances tes	ū	•	• • • •		17a and line 15 is				
IJ	more, and if the organization meets the	_					10/0 01			
	organization meets the facts and circle		·		•					
18	<b>Private foundation.</b> If the organization						ıs D			

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

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

Galledar year (or fiscal year septiming in)    Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?)  2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization is transpared to or expended on its behalf  5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*)  2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's trave-empt purpose  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5  7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's traveweriph purpose  3. Gross receipts from activities that  are not an unrelated trade or bus- iness under section 513.  4. Tax revenues levied for the organization's benefit and either paid to  or expended on its behalf  5. The value of services or statities  furnished by a governmental unit to  the organization without charge  6. Total. Add lines 1 through 5.  7. A mounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts included on lines 1, 2, and  3. received from disqualified persons  b. Amounts include on lines 2 and 7 served  from the first of the pay  6. Add lines 7 and 7 b.  8. Public support, secretal solution  9. Amounts fortion line 6.  10. Gross income from interest,  dividendis, payments received on  and income from similar sources  b. Unrelated business tzable income  (less section 5.1 laxes) from businesses  acquired after June 30, 1975  9. Add lines 10a and 10b  11. Net income from unrelated business  whether or not the business is  regulatly carried on  12. The First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization,  critical  15. The Syears. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization,  critical  15. Public support percentage for 2020 (line 16, apt 111, line 17   15. Public support percentage for 2020 (line 16, apt 111, line 17   16. Public support percentage for 2020 (line 16, column II), divided by line 13, column (li)  17. Investment income percentage for 2020 (line 16, column III), divided by line 13, and line 16 is more than 33 1/3%, and line 17 is not  more than 33 1/3%, check this box and stop here. The organization		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization'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  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the service of the service		•						
origanization's tax-exempt purpose 3 Cross recepts 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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b Amonita included on lines 2 and 3 received trom other than decapitately persons b A mounts included on lines 2 and 3 received trom other than decapitately persons b A received from disqualified persons b A received from disqualifie		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7. a Amounts included on lines 1, 2, and 3 received from disqualified persons  1. Amounts included on lines 3 and 3 received from disqualified persons  1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
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4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		5						
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.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons  1. Amounts included on lines 2 and 3 received from disqualified persons  1. Amounts included on lines 2 and 3 received from other than 10 to the year and sealing persons that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the seali								
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1		Yes	No
	1		
	, ,		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	-TJJ		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9c		
	30		
	10a		
	10b		
m 9	90 or 99	0-EZ	2020

Par	Part IV Supporting Organizations (continued)			
	( Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in <b>Part VI.</b>	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	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 open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

	Type in Non-1 unoutring integrated coc	(a)(o) oupporting orgi	arnzationo (contint	uea)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del></del>		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

## **Schedule of Contributors**

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

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

OMB No. 1545-0047

**2020** 

Name of the organization

PROKIDS

Employer identification number

31-1020021

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						
• •	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509 any one conf	pization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $\theta(a)(1)$ 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 tributor, 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; 90-EZ, line 1. Complete Parts I and II.						
contributor, o	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.						
year, contrib is checked, e purpose. Do	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>must</b> answer "N	tion 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), Io" 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 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) (2020)

Name of organization

Employer identification number

31-1020021

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGE AND CHARLES J SCHOTT FOUNDATION  5084 WOOSTER ROAD  CINCINNATI, OH 45226	\$125000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN J AND MARY R SCHIFF FOUNDATION  P O BOX 145496  CINCINNATI, OH 45250	\$\$	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	OHIO ATTORNEY GENERAL  65 E. STATE ST. 6TH FLOOR  COLUMBUS, OH 452154231	\$319992 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AUSTIN E KNOWLTON FOUNDATION  414 WALNUT STREET, SUITE 1205  CINCINNATI, OH 45202	\$\$	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
5	PETER AND LAURA KLEKAMP  8680 SHAWNEE RUN  CINCINNATI, OH 45243	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PROKIDS 31-1020021

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
		\$	

Name of organization

Employer identification number

PROKIDS

31-1020021

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical section 501(c) (7), (8), or (10) that total more than \$1,000 for the vertical sectin

comp	n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, cle duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.)
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee
lo.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an		Relationship of transferor to transferee
o. n : I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROKIDS

Employer identification number 31-1020021

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor						
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No				
Pa	rt II Conservation Easements. Complete if the or						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area				
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax				
	year >						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year				
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat	•					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the				
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets				
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under FASB ASC 95	· ·					
	of art, historical treasures, or other similar assets held for pu		•				
	service, provide in Part XIII the text of the footnote to its fina						
D	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items:		<b>▶</b> •				
	(i) Revenue included on Form 990, Part VIII, line 1						
•							
2	If the organization received or held works of art, historical tre		ı gain, provide				
_	the following amounts required to be reported under FASB A		. σ				
a	Revenue included on Form 990, Part VIII, line 1						

_	$\mathbf{T}$	$\overline{}$	TT	_	$\overline{}$	$\sim$
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_	7.	v		_	$\boldsymbol{\mathcal{L}}$	$\sim$

	t III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures. or Otl	her S	Similar	Asset	<b>S</b> (continu	rage <b>z</b> ued)
3	Using the organization's acquisition, accession		•	· · · · · · · · · · · · · · · · · · ·					
_	collection items (check all that apply):	,	-,,,						
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other	3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	kempt	purpose	in Part	XIII.	
5	During the year, did the organization solicit or								
_	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							ne 9, or	
	reported an amount on Form 990, Par		Ü			,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets n	ot incl	uded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance				[	1c			
d	Additions during the year				г	1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo							Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part X	JII				
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
	·	(a) Current year	(b) Prior year	(c) Two years back	(d)	Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance	2307406.	1172444.	1174359		79	0112.		523114.
	Contributions	320610.	187975.	60968		31	0100.		204373.
	Net investment earnings, gains, and losses	192783.	946987.	-62883		7	4147.		62625.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	33011.							
f	Administrative expenses								
g	End of year balance	2787788.	2307406.	1172444		117	4359.		790112.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С	Term endowment ▶ 9	6							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	r the c	rganizat	ion		
	by:								res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accur	nulated		(d) Book	value
		basis (investm	ent) basis (	(other) d	lepred	iation			
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other		2	01899.	1	45145			6754.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	K, column (B), line 1	0c.)			<b>▶</b>	5	6754.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	42526	END OF VEND	MADZEE IZATIE
(A) CORPORATE STOCKS	42526.		MARKET VALUE
(B) MUTUAL FUNDS	6297390.		MARKET VALUE
(C) EXCHANGE TRADED FUNDS	3723618.		MARKET VALUE
(D) MONEY MARKET	64282.	END-OF-YEAR	MARKET VALUE
(E)			
(F)			
(G)			
(H)	10127816.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1012/010•		
Part VIII Investments - Program Related.	5 000 D . W.		
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value		line 13. n: Cost or end-of-year market value
	(b) book value	(C) Welliou of Valuation	i. Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000, Port V, col. (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 000 Part V	lino 15
	Description	Tru. See Form 990, Part A,	(b) Book value
	Becomption		(a) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		<b></b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. F	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	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			•
organization's liability for uncortain tay positions undor		•	· —

<u>Sche</u>	edule D (Form 990) 2020 PROKIDS				720021 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				6007070
1	Total revenue, gains, and other support per audited financial statements			1	6827070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
	Net unrealized gains (losses) on investments		000400		
	Donated services and use of facilities		992480.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			000400
е	Add lines 2a through 2d			2e	992480.
3	Subtract line 2e from line 1			3	5834590.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		22251		
а	Investment expenses not included on Form 990, Part VIII, line 7b		32261.		
b	Other (Describe in Part XIII.)	4b	-96.		
	Add lines 4a and 4b			4c	32165.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5866755.
Par	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Return	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	3840772.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	992480.		
b	Prior year adjustments	2b			
	Other losses	1 _ 1			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	992480.
3	Subtract line 2e from line 1			3	2848292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32261.		
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>	' <u>-</u>		4c	32261.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	2880553.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h	and 2h: Part V line	1· Part X	line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,, r a. c.,	
11103	2d and 40, and 1 art An, into 2d and 40. Also complete this part to provide any t	additional inform	nation.		
PAF	RT V, LINE 4:				
	TI V, DING 4:				
ENT	DOWMENTS CONSIST OF A TUITION FUND AND FU	חת פתמוו	PROVIDE SII	PPORT	י ייר
CIAT	TOWNENTS CONSIST OF A TOTTION FORD AND FO	ONDS TO	IKOVIDE 50	I I OI	10
~_N	NTINUE WORK TO ACHIEVE A VISION OF A SAFI	г ргрма	иеит аиг	זודםתו	IRING HOME
COI	VIINOE WORK TO ACHIEVE A VISION OF A SAFI	E, FERMA	MENI, AND	NOKI	OKING HOME
₽∩E	R EVERY CHILD.INCLUDED ARE THE LEGACY FUR	NTD AMV	MEDDETT EN	DOMMI	יאיתי
OF	C EVERT CHILD, INCLUDED ARE THE LEGACT FOR	ND, AMI	MEKKETT EN	DOMMI	EINI,
αпт	TAMED CINCINNAMI EQUINDAMION AND DOLOR	CMD T CMPD	EIMDC		
JKI	EATER CINCINNATI FOUNDATION AND BOARD RES	STRICTED	FUNDS.		
<b>-</b> -	OF 117 1 TANK AR OF 117 12 12 12 12 12 12 12 12 12 12 12 12 12				
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
					2.5
UNF	REALIZED GAIN IN BENEFICIAL INTEREST				-96.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization PROKIDS 31-1020021 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

31-1020021 Page 2 Schedule G (Form 990 or 990-EZ) 2020 PROKIDS Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events FRIENDS OF NONE (add col. (a) through CHILDREN SOC col. (c)) (event type) (total number) (event type) Revenue 2056155. 2056155. 1 Gross receipts 2056155 2056155. 2 Less: Contributions 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 10285. 10285 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) -10285 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

**b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 PROKIDS	L-102002	1 Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	n outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└─ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
(	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided >		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Many delayers of the fifty of the second		
	Mandatory distributions:		
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	☐ No
	retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		110
•	organization's own exempt activities during the tax year > \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,

Schedule G	G (Form 990 or 990-EZ)	PROKIDS		31-1020021	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)			

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PROKIDS	31-1020021						
Part I General Information on Grants a	and Assistance						
<ul> <li>Does the organization maintain records criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro</li> </ul>	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Parl	: IV, line 21, for any
recipient that received more than						,	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							<u> </u>

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT NEEDS	0	19818.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, Iir	ne 2; Part III, column	(b); and any other a	dditional information.	

Page 2

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Types of Property

Part I

► 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.

Employer identification number Name of the organization 31-1020021 PROKIDS

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	S		
1	Art - Works of art		items contributed	Tomi 550, Fait viii, iiilo 1g						
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	18	59056.	MEAN PRICE					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ( )									
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>						
							Yes	No		
30a	During the year, did the organization receive b									
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be ι	sed for			X		
	exempt purposes for the entire holding period?									
b	<b>b</b> If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?									
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROKIDS

Employer identification number 31-1020021

11020021
FORM 990, PART VI, SECTION B, LINE 11B:
FINANCE COMMITTEE AND/OR EXECUTIVE COMMITTEE REVIEWED FORM 990 AT MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS REQUIRED TO SIGN CONFLICT OF INTEREST POLICY ON AN ANNUAL
BASIS. NEW BOARD MEMBERS SIGN THE POLICY RIGHT AWAY.
FORM 990, PART VI, SECTION B, LINE 15:
ALL STAFF SALARIES ARE DETERMINED BASED ON A COMPENSATION SURVEY PERFORMED
BY AN INDEPENDENT FIRM. COMPARABILITY DATA IS UTILIZED.
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 UPON REQUEST. FINANCIAL
INFORMATION IS PROVIDED TO AND PUBLISHED BY GUIDESTAR. THE ANNUAL REPORT IS
ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990 PART XII LINE 2C
THE EXECUTIVE COMMITTEE MEMBERS ALSO SERVE AS THE AUDIT COMMITTEE.

## 4562

Depreciation and Amortization (Including Information on Listed Property)

990

Business or activity to which this form relates

23

OMB No. 1545-0172

Attachment Sequence No. 170

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

PROKIDS FORM 990 PAGE 10 31-1020021 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1040000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2590000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .... 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 228. 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 13421. 17 **17** MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction 19a 3-year property 16134. 5 YRS.  $\overline{\text{HY}}$  $\operatorname{SL}$ 1611. 5-year property b 7-year property С 10-year property d 15-year property 20-year property S/I 25-year property 25 yrs. g S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30 yrs. 30-year MM S/L С 40 yrs. d 40-vear MM S/I Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 15260. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns	<u> </u>	<i>'</i>													
			on and Other								`					
<u>24a</u>	a Do you have evidence to s			nt use cl	aimed?	<u> </u>	es L	_ No	<b>24</b> b If "Y			nce writ	ten? L	_l Yes ∟	<u> No</u>	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	_{je} ot	<b>(d)</b> Cost or ther basis	Basis for depreciati (business/investme use only)		stment	(f) Recovery period	Me	(g) Method/ Convention		<b>(h)</b> Depreciation deduction		(i) cted on 179 ost	
25	Special depreciation alle	owance for q	ualified listed	property	y placed	in servi	ce durin	the t	ax year ar	nd						
	used more than 50% in	a qualified b	usiness use								. 25					
26	Property used more that	n 50% in a c	ualified busine	ess use:					-	_				-		
		1 1	9/	6												
		1 1	9/	6												
		1 1	9	6												
<b>27</b>	Property used 50% or le	ess in a quali	fied business	use:												
		1 1	9	6						S/L -						
		1 1	9/	_						S/L -						
		1 1	9							S/L -	_					
	Add amounts in column															
<u>29</u>	Add amounts in column	ı (i), line 26. E			7, page [·] <b>B - Info</b> r								.   29			
	mplete this section for ve your employees, first ans										•	•			6	
				(a) Vehicle		(	(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		<b>(f)</b> Vehicle	
30	Total business/investment		Ū			Vel										
	year (don't include commu															
	Total commuting miles															
	2 Total other personal (noncommuting) miles driven															
33	Total miles driven during															
•	Add lines 30 through 32				·		<b>.</b>	\ \ \	<del></del>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
25	during off-duty hours?								+							
33	Was the vehicle used p than 5% owner or relate															
36	Is another vehicle availa															
-	use?	•														
			- Questions f	or Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employe	ees				
Ans	swer these questions to			-	-					-			ren't			
	ore than 5% owners or re			-						-						
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	all perso	nal use d	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No	
	employees?													.		
38	Do you maintain a writte	en policy stat	tement that pro	ohibits p	personal	use of v	ehicles,	excep	ot commut	ting, by y	our/					
	employees? See the ins														_	
	Do you treat all use of v													.		
40	Do you provide more th															
	the use of the vehicles,															
41	Do you meet the require															
P	Note: If your answer to art VI Amortization	37, 36, 39, 4	U, OF 4 FIS TE	s, don	Comple	ete Sect	1011 101	the co	overed ve	nicies.						
•	(a)			(b)		(c)			(d)		(e)			(f)		
Description of costs Date a			e amortization Am		Amortizat	ortizable		(d) Code section		Amortization period or percent		n Am- ntage for		mortization or this year		
42	Amortization of costs th	at begins du		begins ) tax vea	ar:						penou or per	ountayt		,		
<u></u>		-35 30		: :												
_																
43	Amortization of costs th	at began be	<b>I</b>		ar							43				
	Total. Add amounts in											44				