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GOVERNMENT COPY

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

October 27, 2022

Prokids 2605 Burnet Avenue Cincinnati, OH 45219

Enclosed is the organization's 2021 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-TE 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-TE to us by November 15, 2022.

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

Form 8879-TE	IOF A LAX EXEMPT POTITY		OMB No. 1545-0047
	IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or filscal year beginning , 2021, and ending , 20		0004
Department of the Treasury	Do not send to the IRS. Keep for your records.		2021
nternal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer	EIN or St	ŚŃ	
PROKID		020	021
Name and title of officer or per			
Deut I True of I	TREASURER		
	Return and Return Information m for which you are using thIs Form 8879·TE and enter the applicable amount, if any, from the ret		
Form 5330 filers may enter or 10a below, and the amo whichever is applicable, bla han one line in Part I.	¹ dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a , 2a , bunt on that line for the return being filed with this form was blank, then leave line 1b , 2b , 3b , 4b , 5 ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line being filed with this form was blank.	a, 3a, 4 b, 6b, 7 ow. Do 1	a, 5a, 6a, 7a, 8a, 7b, 8b, 9b, or 10l not complete mo
1a Form 990 check he	ere b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	, 1b	5485514
2a Form 990-EZ chec			
3a Form 1120-POL cl		зb	
4a Form 990-PF chec		4b	
5a Form 8868 check l	here b Balance due (Form 8868, line 3c)	5b	40 Ng, (531-20042
6a Form 990-T check		6b	An Ne. (63) 1005
7a Form 4720 check l	here b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check h			20-94
9a Form 5330 check h			Carta Maria - D
10a Form 8038-CP che			
	on and Signature Authorization of Officer or Person Subject to Tax		
Inder penalties of perjury,	I declare that I am an officer of the above entity or I am a person subject to tax with re- , (EIN) and that I have	spect to	o (name
wheeld a 22 thread wat the state of the state of the	accompanying schedules and statements, and, to the best of my knowledge and belief, they are		nined a copy of th
ater than 2 business days	prior to the payment (settlement) date. I also authorize the financial institutions involved in the pro	cessin	a of the electronic
payment of taxes to receive personal identification num	the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent prior to the payment (settlement) date. I also authorize the financial institutions involved in the pro- a confidential information necessary to answer inquiries and resolve issues related to the payment ber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fun	L I have	g of the electronic selected a
payment of taxes to receive personal identification num	e confidential information necessary to answer inquiries and resolve issues related to the payment ber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fun	L I have	g of the electronic selected a
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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN					
print	PROKIDS	31-1020021					
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box, s 2605 BURNET AVENUE	see instruc	tions.				
return. So instructio							
Enter t	he Return Code for the return that this application is for (fil	le a separa	te application for each return)			01	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
Tele If th If th box 1	request an automatic 6-month extension of time until he organization named above. The extension is for the org \mathbf{X} calendar year 2021 or	s in the Ur Group Exe and atta NOVEI anization's	Fax No. ►	f this is fo i all memb	r the whole gr pers the extens npt organizatio	sion is for.	
4	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				0.			
-	estimated tax payments made. Include any prior year over			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	-				0.	
	Ising EFTPS (Electronic Federal Tax Payment System). Se If you are going to make an electronic funds withdrawal tions.			3c 453-TE ar	L ₽ nd Form 8879-		

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

EXTENDED	TO	NOVEMBER	15,	2022	
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **990**

1

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

Depa Inter	artment c nal Reve	of the Treasury nue Service		v/Form990 for instructions ar	-	-	Open to Public Inspection
			dar year, or tax year beginning		ending		
B	Check if applicabl	C Name o	of organization			D Employer identifie	cation number
	Addre	e PROP	CIDS				
	Name chang	e Doing b	ousiness as			31-10200	21
	Initial		r and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	
	Final return/		5 BURNET AVENUE			513-281-	
_	termin ated	City or 1	town, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	5675681.
	Amena		CINNATI, OH 45219			H(a) Is this a group re	
	Applic tion pendir		and address of principal officer: TRA			for subordinates	1000000
		2005	BURNET AVENUE, CIN		5219	H(b) Are all subordinates in	
			X 501(c)(3) 501(c) (PROKIDS • ORG) (insert no.) 4947(a)(1)	or 527		list. See instructions
-				ssociation Other	It Veen	H(c) Group exemption	
	art I	Summary			L Year		State of legal domicile: OH
-	1		be the organization's mission or mos	t elemificant estivition ADVO	CATES	ON BEHALE OF	F ABUSED
Activities & Governance	l ' .	AND NEG	LECTED CHILDREN		011110	on Dumin o.	100000
Ieu			x ▶ ∟ if the organization disco	ontinued its operations or dispr	osed of more	than 25% of its net as	sats
Vel			ting members of the governing body				29
ğ	4	Number of inc	dependent voting members of the go	overning body (Part VI, line 1b)	••••••	4	29
8	5	Total number	of individuals employed in calendar	vear 2021 (Part V. line 2a)		5	55
/itie	6	Total number	of volunteers (estimate if necessary))	*****	6	400
Cti	7 a	Total unrelate	d business revenue from Part VIII, c	olumn (C), line 12		7a	0.
•	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11		7b	0.
						Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)			5008110.	4111610.
Revenue	9	Program servi				0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4			124496.	217583.
E			e (Part VIII, column (A), lines 5, 6d, 8			734149.	1156321.
_			- add lines 8 through 11 (must equa			5866755.	5485514.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		19818.	24796.
			to or for members (Part IX, column (0.	0.
es	15 3	Salaries, othe	r compensation, employee benefits	(Part IX, column (A), lines 5-10)		2529757.	2628266.
Expenses	16a I	Professional f	undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	line 11e)		0.	0.
Å						0000000	010050
			es (Part IX, column (A), lines 11a-11c			330978.	340953.
			es. Add lines 13-17 (must equal Part			2880553.	2994015.
-0	19	Revenue less	expenses. Subtract line 18 from line	e 12		2986202.	2491499.
let Assets or und Balances		T . 1.1				ginning of Current Year	End of Year
Bak	20				······	<u>14481684</u> . 669107.	16476823.
Fund	21 22 1		s (Part X, line 26) fund balances. Subtract line 21 from	- E 00	······	13812577.	16304076.
the local division of		Signature		1 II/10 20	100000	13012377.1	10304070.
_			I declare that I have examined this return.	including accompanying schedule	es and statem	ents and to the best of my	knowledge and hellef it is
			. Declaration of preparer (other than offic	Contract of the second s			Kilowicago ana boliol, it is
			Verk C. Brok		inon propuror		-2022
Sigr	.	Signature	e of officer			Date	-UP
Here		STEP	HEN BROWN, TREASUR	ER			
		Type or p	print name and title				
		Print/Type prep	parer's name	Preparer's signature	מן	ate Check	PTIN
Pald				LEE R WEINEL CP.	A	if self-employe	P00139109
Prep	arer	Firm's name	▶ SOPER, SOPER & W	EINEL LLP		Firm's EIN	31-1222293
Use	Only	Firm's address	35 EAST SEVENTH		505		
			CINCINNATI, OH 4			Phone no. (5	L3) 241-5417
May	the IR	S discuss this	s return with the preparer shown abo	ove? See instructions			X Yes No

May the IRS discuss this return with the preparer shown above? See instructions 132001 12-08-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. OMB No. 1545-0047

Open to Public Inspection

20

21

Form	1990 (2021) PROKIDS	31-1020021	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	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		D
	NEGLECT, AND PROVIDE OUTSTANDING ADVOCACY FOR ABUSED	AND NEGLECTED	
	CHILDREN WHO ARE IN THE JUVENILE COURT SYSTEM.		
2	Did the organization undertake any significant program services during the year which were not listed on		37
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program served	vices?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2085401 · including grants of \$ 24796 ·))
	OPERATING - PROVIDES FOR RECRUITING, TRAINING AND SU		T
		WHO PROVIDE	
	ADVOCACY WITH STAFF FOR 1101 ABUSED AND NEGLECTED CH.	LUDKEN	
4b	(Code:) (Expenses \$ 181811 • including grants of \$)		
40		(Revenue \$ ALARIES AND FRI	NGES
	FOR PROJECT EMPLOYEES AND OTHER EXPENSES.		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			·
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2267212.	-	
		Form Q	90 (2021)

Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- 1		
8		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

PROKIDS

Form 990 (2021)

31 - 1020021

Page **3**

Form	990 (2021) PROKIDS 31-1020	021	Р	age 4		
Pa	t IV Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>		
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	23		x		
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23				
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		x		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v		
~~	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x		
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		x		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c	v	X		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	 		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x		
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31				
52	Schedule N, Part II	32		x		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
35a	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		 		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v		
~-	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i>	37		x		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 23		
30	Note: All Form 990 filers are required to complete Schedule O	38	х			
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a)				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	X	(2021)		
10000		Form	uui i	~~~ 1\		

					100	110		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	55		х			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					37		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country							
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			-		v		
				5a		X X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			9C				
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х		
h	any contributions that were not tax deductible as charitable contributions?			6a				
b			giits	6b				
7	Organizations that may receive deductible contributions under section 170(c).			00				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		Х		
				7a 7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.5				
Ŭ	to file Form 8282?			7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10				
f								
g								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.)	11b		10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10414 12b		12a				
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.			100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
-	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any						

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Part V

PROKIDS

Yes No

If "Yes," complete Form 6069.

17

Form	990 (2021) PROKIDS		31-1020			age 6	
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	•	,	"No"	respoi	nse	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (). 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						
			29		Yes	No	
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u>2</u> 9				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b	29				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi						
_	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as			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					37	
_	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					x	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	 ar by th	o following:	7b			
8				8a	х		
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X		
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
					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 c	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y befo	re filing the form?	11a	Х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	х		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a 12b	X	<u> </u>	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120	- 23		
C	on Schedule O how this was done			12c	х		
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>	
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 approv						
	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	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v	
_	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial works are approximately and the organization to evaluate the organization of the organiz		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			16b			
Sec	exempt status with respect to such arrangements?						
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	nd 99	D-T (section 501(c)(3	s onlv) availa	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, c			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 bo	oks ar	nd records 🕨				
	CAROL IGOE - 513-281-2000						
	2605 BURNET AVENUE, CINCINNATI, OH 45219						

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	d ual t	nstitutional trustee	_	nploy	st co I	5	1000 (120)		organizations
	line)	Indivi	nstitu	Officer	Key employee	Highest compensated employee	Former			5
(1) TRACY COOK	35.00									
EXEC. DIRECTOR				Х				128663.	0.	0.
(2) JOANN HAGOPIAN	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ROBERT A MCMAHON	0.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(4) MACKENZIE CHAVEZ	0.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(5) STEPHEN BROWN	0.00							_		
TREASURER		х		х				0.	0.	0.
(6) MICHAEL HINES	0.00							_		_
SECRETARY		Х		Х				0.	0.	0.
(7) JEB H HEAD	0.00									-
PRESIDENT EMERITUS		Х		х				0.	0.	0.
(8) T.D. HUGHES	0.00									-
PRESIDENT EMERITUS		х		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) BOB BERRES	0.00									
TRUSTEE		Х						0.	0.	0.
(12) GRACE CHUNG	0.00									
TRUSTEE		Х						0.	0.	0.
(13) TOM CUNI	0.00									
TRUSTEE		Х						0.	0.	0.
(14) WILLIAM DECAMP	0.00									
TRUSTEE		X						0.	0.	0.
(15) PATRICK DOLLE	0.00								0	•
TRUSTEE		X						0.	0.	0.
(16) BRENT GRAVLEE	0.00								<u>^</u>	<u>^</u>
TRUSTEE		X				<u> </u>	 	0.	0.	0.
(17) SANDY HARTE	0.00								_	<u>^</u>
TRUSTEE		X						0.	0.	0. 5 000 (2004)

Form 990 (2021) PROKIDS									31-10	200)21	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C		•		(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fet	imate	d
	hours per		not cl					compensation	compensation			ount	
	week		cer an					from	from related			other	
	(list any	to						the	organizations			pensat	tion
	hours for	direct				-		organization	(W-2/1099-MISC			om the	
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	-		inizati	
	organizations	ruste	ll trus		ee,	mper		1099-NEC)			•	relate	
	below	dualt	tion	_	loldu	st co yee	5					nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
(18) MICHELLE HUDEPOHL	0.00	-	-	0	Ŷ	ᆂᅙ	ш.			-+			
TRUSTEE	0.00	x						0.		0.			0.
	0 00	<u> </u>						0.		<u>••</u>			0.
(19) PETER KLEKAMP	0.00												•
TRUSTEE		Х						0.		0.			0.
(20) PHYLLIS MCCALLUM	0.00												
TRUSTEE		X						0.		0.			Ο.
(21) JILL MCINTOSH	0.00												
TRUSTEE		x						0.		0.			Ο.
	0.00									<u> </u>			••
(22) LYNNE MILLER	0.00												^
TRUSTEE		Х						0.		0.			0.
(23) GAIL MOORE	0.00												
TRUSTEE		Х						0.		0.			Ο.
(24) STEVE NESBITT	0.00												
TRUSTEE		x						0.		0.			Ο.
(25) ASHLEY ROEHM	0.00			_									
	0.00	x						0.		0.			0.
TRUSTEE		<u> </u>						0.		<u> </u>			0.
(26) HALLUM SARGEANT	0.00												
TRUSTEE		Х						0.		0.			0.
1b Subtotal								128663.		0.			0.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								128663.		0.			0.
2 Total number of individuals (including but no								received more than \$100	000 of reportable	L			
		1030	11310	u ai	5000	<i>c)</i> wi							1
compensation from the organization												Yes	No
										Г	_	res	
3 Did the organization list any former officer,	,						- C		,				
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3		<u>X</u>
4 For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," comp					-			-		- 1	5		Х
Section B. Independent Contractors			0/ 00		00/0						<u> </u>		
									<u> </u>				
1 Complete this table for your five highest cor	-									bensa	ation tr	om	
the organization. Report compensation for t	he calendar y	ear e	endii	ng w	/ith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address	NC	ONE	6				Description of s	services	C	ompen	satior	1
							-						
2 Total number of independent contractors (ir	ncludina but n	ot li	nite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organiz						0							

Form 990 PROKID Part VII Section A. Officers, Directors	S , Trustees, Key Ei	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ľ		(C				(D)	(E)	(F)
Name and title	Average	Position			I		Reportable	Reportable	Estimated	
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	npen				organizations
	below	d ual t	utiona	_	mploy	st coi	5			organizatione
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JUSTIN TILLSON	0.00									
TRUSTEE		x						0.	0.	C
(28) WYNNDEL WATTS	0.00									
TRUSTEE	0.00	x						0.	0.	C
(29) JULIE WILSON	0.00	<u> </u>	-			<u> </u>		<u>_</u>	5.	0
RUSTEE		x						0.	0.	C
(30) KELLY WITTICH	0.00	<u> </u>	-						0.	
RUSTEE		x						0.	0.	C
ROSIEE									•	L L
		1								
		<u> </u>								

	t VII					31-1020	
		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII		<u></u>	. <u></u> L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue exclud
N.	1 2	Federated campaigns 1a	63959.				
and Other Similar Amounts							
		· · · · · · · · · · · · · · · · · · ·	505638.				
A		Fundraising events 1c	505050.				
	d	Related organizations 11					
Ē	е	Government grants (contributions) 1e	608179.				
2	f	All other contributions, gifts, grants, and					
š		similar amounts not included above 1f	2933834.				
	a	Noncash contributions included in lines 1a-1f	181950.				
an	h	Total. Add lines 1a-1f		4111610.			
			Business Code				
	• •						
Hevenue	2 a						
a	b		-				
eu	С		_				
e l	d		_				
	е						
	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		other similar amounts)		219897.			21989
	4	Income from investment of tax-exempt bon	r i i i i i i i i i i i i i i i i i i i				
	5	•	· · ·				
	5	Royalties	(ii) Personal				
			(II) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory 7a 17628).				
	h	Less: cost or other basis					
	, N	and sales expenses 7b 178603	3.				
	_						
		Gain or (loss) 7c -2314		-2314.			-231
		Net gain or (loss)	▶	-2314.			-231
	8 a	Gross income from fundraising events (not					
		including \$ 505638. of					
		contributions reported on line 1c). See					
		Part IV, line 18	ва 0.				
	b		вы 11564.				
	с	Net income or (loss) from fundraising event	s ►	-11564.			-1156
		Gross income from gaming activities. See					
			9a				
	h		9b				
		Net income or (loss) from gaming activities					
		F					
	iu a	Gross sales of inventory, less returns					
		F	0a				
			0b				
	С	Net income or (loss) from sales of inventory					
			Business Code				
e		UNREALIZED AND REALIZE		1152086.			115208
n l		SUNDRY	900099	15910.	15910.		
Hevenue	с	UNREALIZED GAIN ON BEN	1 900099	-111.			-11:
r		All other revenue					
		Total. Add lines 11a-11d		1167885.			
			🗾 🖊	5485514.	15910.	0.	135799

PROKIDS

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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(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	24796.	24796.		
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, trustees, and key employees	128663.	64331.	38599.	25733
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	2079799.	1595056.	206901.	277842
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	246061. 173743.	180713. 130546.	29218. 19314.	36130 23883
11	Fees for services (nonemployees):				
а	Management				
b		9039.	9039.		
с	Accounting	9000.		9000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	43438.	43438.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	50544.	44606.	4946.	992
12	Advertising and promotion	44013.	42069.	1944.	
13	Office expenses	7916.	7916.		
4	Information technology	15741.	15741.		
15	Royalties	40592.	29811.	4820.	E061
16		17158.	17158.	4020.	5961
17	Travel	1/150.	1/100.		
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	20621.	15144.	2449.	3028
23	. T	8580.	6301.	1019.	1260
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PUBLICATIO	23630.	2961.		20669
b	REPAIRS AND MAINTENANCE	20214.	14846.	2400.	2968
с		16508.	12124.	1960.	2424
d	FUNDRAISING EXPENSES	14355.	10010		14355
е	· · · · · · · · · · · · · · · · · · ·	-396.	10616.	-4874.	-6138
25	Total functional expenses. Add lines 1 through 24e	2994015.	2267212.	317696.	409107
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)				Eorm 990 (202

PROKIDS Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			516199.	1	315206.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	3754848.	3	3296121.		
	4	Accounts receivable, net			1910.	4	6253.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			11412.	9	11798.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	247550.			
	b	Less: accumulated depreciation		165765.	56754.	10c	81785.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		10127816.	12	12753026.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		12745.	15	12634.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		14481684.	16	16476823.
	17	Accounts payable and accrued expenses			242407.	17	172747.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or form	ner officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
lab		controlled entity or family member of any of thes	e persons	;		22	
-	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties	426700.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D			660107	25	100040
	26	Total liabilities. Add lines 17 through 25			669107.	26	172747.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
ů –		and complete lines 27, 28, 32, and 33.			0107111		10005620
ala	27	Net assets without donor restrictions			8487114. 5325463.	27	10895639.
d B	28	Net assets with donor restrictions			5545405.	28	5408437.
"		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🛄			
P		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
et⊿	31	Retained earnings, endowment, accumulated in			13812577.	31	16304076.
ž	32	Total net assets or fund balances			14481684.	32	16476823.
	33	Total liabilities and net assets/fund balances			14401004.	33	Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part X

Form	1 990 (2021) PROKIDS	31-102	0021	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		355	
2	Total expenses (must equal Part IX, column (A), line 25)	2		940	
3	Revenue less expenses. Subtract line 2 from line 1	3		914	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1381	L25	77.
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	1630)40	76.
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 on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	5 7 1		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	the organization						Employer	identification number
		PROK	IDS					3	1-1020021
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructio	ns.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative)(b)(1)(A)(i	ii).		
4		A medical research organiz					-	(iii). Enter	the hospital's name,
		city, and state:	·					~ /	1 ,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X								
		section 170(b)(1)(A)(vi). (C			U			U	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	nction with a	land-grant	college
		or university or a non-land-	-					-	-
		university:		,		· ·	,,		
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir		•	. ,				
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·			,	5	,
11		An organization organized a	-	ively to test for public sa	ifety. See	section 50)9(a)(4).		
12		An organization organized a	-		•			arry out the	e purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	y giving
		the supported organization	-	-	•				
		organization. You must c							
b		Type II. A supporting org	-		tion with it	ts support	ed organizati	on(s), by ha	iving
		control or management o	-				•		-
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,
		its supported organization							
d		Type III non-functionally						orted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct			•		-		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o							
g	Prov	vide the following informatior	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota							1		1

Schedule A (Form 990) 2021

PROKIDS

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 faile to qualify under the total listed below, please complete Part III.)

	fails to qualify under the tests listed below, please complete Part III.)
Section /	Public Support

	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3632244.	4247597.	4325866.	5008110.	4111610.	21325427.
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	3632244.	4247597.	4325866.	5008110.	4111610.	21325427.
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)						4821080.
6	Public support. Subtract line 5 from line 4.						16504347.
	ction B. Total Support						
-	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3632244.	4247597.	4325866.	5008110.	4111610.	21325427.
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	116381.	166934.	173615.	124496.	176459.	757885.
•		110301.	100534.	1/5015.	124490.	1/0455.	7570051
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.)						22083312.
11	Total support. Add lines 7 through 10						22083312.
12			,			12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. —
_	organization, check this box and stor						
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	74.74 %
	Public support percentage from 2020					15	75.98 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		
k	0 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17l	o, check this box a	nd see instruction	ns ►

Schedule A (Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
F						
6 Total. Add lines 1 through 5					+	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(d) 2020	(a) 2021	(f) Total
· · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021	(1) TOTAI
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) orga	nization.
check this box and stop here	•					
Section C. Computation of Publi						······································
15 Public support percentage for 2021 (li			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2		'			18	%
19a 33 1/3% support tests - 2021. If the			on line 14 and line			
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/	
line 18 is not more than 33 1/3%, che			•		0	
20 Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	(Form 990) 2021	PROKIDS
Part IV	Supporting O	rganizations (continued)

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the examination exercise for the herefit of any supported examination other than the supported	

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

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

Section	D. A	ll Type	III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

	truct o	n Nov 20 1070 (ovalain in I	Dort VII) Coo instruction
Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III pop-functionally integrated supporting organizations must			
A - Adjusted Net Income	comple	(A) Prior Year	(B) Current Year (optional)
et short-term capital gain	1		
ecoveries of prior-year distributions	2		
her gross income (see instructions)	3		
dd lines 1 through 3.	4		
epreciation and depletion	5		
ortion of operating expenses paid or incurred for production or			
illection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
her expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
ir market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
scount claimed for blockage or other factors			
xplain in detail in Part VI):			
equisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
e instructions).	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
ultiply line 5 by 0.035.	6		
ecoveries of prior-year distributions	7		
inimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
nter 0.85 of line 1.	2		
inimum asset amount for prior year (from Section B, line 8, column A)	3		
nter greater of line 2 or line 3.	4		
come tax imposed in prior year	5		
stributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions).	6		
	A - Adjusted Net Income It short-term capital gain Icoveries of prior-year distributions her gross income (see instructions) Id lines 1 through 3. Interpretation and depletion Ition of operating expenses paid or incurred for production or Illection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) her expenses (see instructions) Ijusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount Igregate fair market value of all non-exempt-use assets (see Itructions for short tax year or assets held for part of year): erage monthly value of securities erage monthly cash balances ir market value of other non-exempt-use assets Ital (add lines 1a, 1b, and 1c) Scount claimed for blockage or other factors Ital (add lines 1a, 1b, and 1c) Isquisition indebtedness applicable to non-exempt-use assets Ital (add lines 1a, 1b, and 1c) Ital in Part VI): Ital (add lines 1a, 1b, and 1c) Ital in Part VI): Ital (add lines 1a, 1b, and 1c) Ital (add lines 1a, 1b, and	A - Adjusted Net Income 1 et short-term capital gain 1 recoveries of prior-year distributions 2 her gross income (see instructions) 3 id lines 1 through 3. 4 preciation and depletion 5 intion of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) 6 her expenses (see instructions) 7 7 justed Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount 9 gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly value of securities 1a erage monthly value of securities 1a ir market value of other non-exempt-use assets 1c tal (add lines 1a, 1b, and 1c) 1d scount claimed for blockage or other factors uplain in detail in Part VI): 4 upit value of non-exempt-use assets (subtract line 3 (for greater amount, e instructions). 4 e instructions). 4 ta value of non-exempt-use assets (subtract line 4 from line 3) 5 ubit define 5 by 0.035. 6 <t< td=""><td>the short-term capital gain 1 coveries of prior-year distributions 2 her gross income (see instructions) 3 Id lines 1 through 3. 4 preciation and depletion 5 rition of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of lincome (see instructions) 6 her expenses (see instructions) 7 jujsted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount (A) Prior Year igregate fair market value of all non-exempt-use assets (see structions for short fax year or assets held for part of year): 1 erage monthly value of securities 1a erage monthly value of securities 1a ir market value of other non-exempt-use assets 1c tat (add lines 1a, 1b, and 1c) 1d scount claimed for blockage or other factors 2 piblar in detail in Part VI): 2 orguisition indebtedness applicable to non-exempt-use assets 2 totract line 2 from line 1d. 3 ush deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). 4 tt value of non-exempt-use assets (sub</td></t<>	the short-term capital gain 1 coveries of prior-year distributions 2 her gross income (see instructions) 3 Id lines 1 through 3. 4 preciation and depletion 5 rition of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of lincome (see instructions) 6 her expenses (see instructions) 7 jujsted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount (A) Prior Year igregate fair market value of all non-exempt-use assets (see structions for short fax year or assets held for part of year): 1 erage monthly value of securities 1a erage monthly value of securities 1a ir market value of other non-exempt-use assets 1c tat (add lines 1a, 1b, and 1c) 1d scount claimed for blockage or other factors 2 piblar in detail in Part VI): 2 orguisition indebtedness applicable to non-exempt-use assets 2 totract line 2 from line 1d. 3 ush deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions). 4 tt value of non-exempt-use assets (sub

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

Schedule A (Form 990) 2021

PROKIDS

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

PROKIDS	
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-	dule A (Form 990) 2021 PROKIDS			3	1-1020021	Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)		
Sect	ion D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
-	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PROKIDS	31-1020021 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

Employer identification number

Ū.		
	PROKIDS	31-1020021
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule E	B (Form 990) (2021)			Page 2
Name of or	rganization		Emplo	yer identification number
PROKI	DS		31	-1020021
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$2500	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$1004	.09.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$10000	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$1875	86.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$2250	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
PROKI	DS		31-1020021
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

Name of or	rganization	Employer identification number		
PROKII	DS			31-1020021
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	hrough (e) and the following line (aritable, etc., contributions of \$1,000 (entry For organizations) that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of g		
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of g		
-	Transferee's name, address, and			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Ī		(e) Transfer of g	jift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of g	 jift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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132051 10-28-21

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.

Open to Public Inspection ...

OMB No. 1545-0047

Name of	f the	organizatio	'n
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PROKIDS

	identification number
- 3	1-1020021

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts.Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's e	-			
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pa					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	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				
с	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
	year ►				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?			
6					
	▶				
7	7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
	▶\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		YesNo		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of		her Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	, 1			
	of art, historical treasures, or other similar assets held for pub		-		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
~					
2	If the organization received or held works of art, historical trea		gain, provide		
	the following amounts required to be reported under FASB AS	-			
a	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021		

	dule D (Form 990) 2021 PROKIDS						2002		ige 2
Par	t III Organizations Maintaining C						ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant us	se of its			
	collection items (check all that apply):		<u> </u>						
a	Public exhibition	a		hange program					
b	Scholarly research	e	U Other						
c	Preservation for future generations	lle effere e en el erre le br							
4	Provide a description of the organization's co	-	•	-		e in Pari	I XIII.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma		,	,			Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		te il the organizatio		in on 550, 1	arriv,	in ie 0, 0i		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	0				Amount	:	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	ustodial account liat	oility?	∟	Yes		No
-	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete it					<u> </u>	() [
		(a) Current year	(b) Prior year		(d) Three yea		(e) Four		
	Beginning of year balance	2787788.	2307406.	1172444.	·	74359.			112.
	Contributions	255500.	320610.	187975.	·	60968.			100.
	Net investment earnings, gains, and losses	375194.	192783.	946987.	(62883.		74	147.
	Grants or scholarships								
е	Other expenditures for facilities	11604.	33011.						
	and programs	11004.	33011.						
	Administrative expenses	3406878.	2787788.	2307406.	11'	72444.		1174	359
g 2	End of year balance Provide the estimated percentage of the curr				<u>, </u>	/2111.		11/4	
	Board designated or guasi-endowment	cht year chd balanet	%						
	Permanent endowment	%							
		/°							
-	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organizat	tion			
	by:	C C			U U		Γ	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered			See Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulated epreciation		(d) Bool	< value	9
1a	Land								
	Buildings					\square			
	Leasehold improvements					\square			
	Equipment			47550	1000			01 -	<u> </u>
	Other			47550.	16576	<u></u>		8178	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, column (B), line 1	0c.)		▶		8178	55.

Schedule D (Form 990) 2021

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

31-1020021	Page 3

	on ronn 330, raitiv, line	Tb. See Form 930, Fait A, inte 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS	11133217.	END-OF-YEAR MARKET VALUE
(B) EXCHANGE TRADED FUNDS	1355670.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET	264139.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	12753026.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, lin	ne 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Sche	dule D (Form 990) 2021 PROKIDS			31-1	020021 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7498504.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	1067432.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	988885.		
е	Add lines 2a through 2d			2e	2056317.
3	Subtract line 2e from line 1			3	5442187.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	43438.		
b	Other (Describe in Part XIII.)	4b	-111.		
с	Add lines 4a and 4b			4c	43327.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5485514.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4010000
1	Total expenses and losses per audited financial statements			1	4018009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		100000		
а	Donated services and use of facilities		1067432.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				4 4 5 7 4 9 9
е	Add lines 2a through 2d			2e	1067432.
3	Subtract line 2e from line 1			3	2950577.
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		43438.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	43438.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2994015.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1b	and 2b; Part V, line	4; Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional infor	mation.		

PART V, LINE 4:

ENDOWMENTS C	CONSIST	OF A	TUITION	FUND	AND	FUNDS	то	PROVIDE	SUPPORT	то
--------------	---------	------	---------	------	-----	-------	----	---------	---------	----

CONTINUE WORK TO ACHIEVE A VISION OF A SAFE, PERMANENT, AND NURTURING HOME

FOR EVERY CHILD.INCLUDED ARE THE LEGACY FUND, AMY MERRELL ENDOWMENT,

GREATER CINCINNATI FOUNDATION AND BOARD RESTRICTED FUNDS.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

RESTATEMENT OF PRIOR YEAR PROMISES TO GIVE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNREALIZED GAIN IN BENEFICIAL INTEREST

988885.

-111.

Part XIII Supplemental Information (continued)

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or rganization entered more than \$				or 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 99						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst	ructior	is and	the latest informat	ion.	Employer in	dentification number
Nume of the organization	PROKIDS						31-102	
Part I Fundrais		Complete if the organization answ	vered "	es" o	n Form 990, Part IV,	line 1		
	complete this par							
1 Indicate whether th	e organization rais	sed funds through any of the follow	ing act	vities.	Check all that apply			
a Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations				nment grants			
d In-person so		g ∟ Specia		aisii iy	events			
•		or oral agreement with any individua	al (inclu	ding o	fficers, directors, tru:	stees	, or	
key employees list	ted in Form 990, P	art VII) or entity in connection with	profess	ional 1	undraising services?)	Y	es 🗌 No
		viduals or entities (fundraisers) purs	suant to	agree	ments under which	the fu	Indraiser is to	be
compensated at le	east \$5,000 by the	organization.						
(i) Name and address	o of individual		(iii)	Did raiser ustody	(iv) Cross ressints		Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have o	ustody	(iv) Gross receipts from activity	Ì	r retained by fundraiser	to (or retained by) organization
	,		contrib	utions?		list	ed in col. (i)	organization
			Yes	No				
			+					
			+					
Total				. 🕨				
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contril	oution	s or has been notified	d it is	exempt from	registration

Schedule G (Form 990) 2021

Schedule G ((Form 990) 2021
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PROKIDS

31-1020021 Page 2

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

			(a) Event #1 FRIENDS OF CHILDREN SOC (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
nue			(event type)	(event type)	(total humber)	
Revenue	1	Gross receipts	505638.			505638.
	2	Less: Contributions	505638.			505638.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				11564.
	10		<i>、,</i>			11564.
Pa	11	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		000 Dart IV/ line 10 ar		-11564.
Га		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

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?	Yes	No
b If "No," explain:		

7 Direct expense summary. Add lines 2 through 5 in column (d)

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	PROKIDS		31	1020	021	Page 3
11	Does the organization conduct	gaming activities with no	onmembers?			Yes	No
	Is the organization a grantor, be	eneficiary or trustee of a t	trust, or a member of a part			Yes	No No
12	Indicate the percentage of gam					103	
					13a	1	%
							%
				/special events books and records:			/0
14			s the organization s gaming.				
	Address 🕨						
15a	Does the organization have a co	ontract with a third party	from whom the organization	n receives gaming revenue?		Yes	🗌 No
t	If "Yes." enter the amount of ga	aming revenue received b	ov the organization \blacktriangleright \$	and the amount			
-	of gaming revenue retained by						
	If "Yes," enter name and addres						
		so of the third purty.					
	Name 🕨						
	Address ►						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	n 🕨 \$					
	Description of services provide	d 🕨					
	Director/officer	Employee	Independent co	ntractor			
17	Mandatory distributions:						
á	Is the organization required und	der state law to make cha	aritable distributions from th	e gaming proceeds to			
	retain the state gaming license?	?				Yes	No No
k		ns required under state la	aw to be distributed to other	exempt organizations or spent in th	ie		
	organization's own exempt acti	vities during the tax year	· ▶ \$				
Pa				art I, line 2b, columns (iii) and (v); and	d Part III,	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also provi	ide any additional informatio	n. See instructions.			

Part IV	Supplemental Information (continued)	

SCHEDULE I Form 990) Pepartment of the Treasury Internal Revenue Service Complete in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Internal Revenue Service						OMB No. 1545-0047 2021 Open to Public Inspection		
Name of the organization PROKIDS Employer identification number 31-1020021								
Part I General Inform	mation on Grants a	and Assistance						01 1010011
criteria used to awar	d the grants or assi	stance?	-				istance, and the selec	
		-	zations and Domesti be duplicated if addit			anization answered "Y	′es" on Form 990, Par	IV, line 21, for any
1 (a) Name and addres or govern	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number o3 Enter total number o				ne line 1 table				········ •
LHA For Paperwork Re	duction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

PROKIDS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIENT NEEDS	0	24796.	0.		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2021 Open to Public

Inspection r identification number

Employer identification nui
31-1020021

Pa	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
2	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	27	181950.	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 organiz							
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by		•••••		-			
	must hold for at least three years from the date			-				v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.		dia 44 dia	- for a second	ti0			х
31	Does the organization have a gift acceptance p					31		
32a	Does the organization hire or use third parties of		-	· · ·		220		x
h	contributions? If "Yes," describe in Part II.					32a		
ы 33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proport	v for which column (a) is cho	cked			
00	describe in Part II			y to which column (a) is the	unou,			

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

Schedule M (Form 990) 2021

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



Employer identification number 31 - 1020021

PROKIDS

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.