EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending				
B c	heck if	C Name of organization		D Employer identifie	cation number		
	Addre	PREECLAMPSIA FOUNDATION, INC.					
	Name chang			91-20730	87		
	Initial return	,	Room/suite	·			
	Final return	3840 W EAU GALLIE BLVD, SUITE 104	321-421-	321-421-6957			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,593,972.			
	Ameno return	MELBOURNE, FL 32934		H(a) Is this a group re			
	Application pendir	<u>. </u>		for subordinates			
		854 ROCKI CREEK WAI, IRMA, SC 29065		H(b) Are all subordinates in			
		empt status: X 501(c)(3)	or 527	┥ ′	list. See instructions		
		e: WWW.PREECLAMPSIA.ORG	1	H(c) Group exemptio			
	orm of art I	organization: X Corporation	L Year	of formation: 2000 N	1 State of legal domicile: WA		
1 6		<u> </u>		י סאיידדיאיי פווו	מואג יייססס		
ė		Briefly describe the organization's mission or most significant activities: ${ m { t TO} \ \ PF}$ ${ m { t EDUCATION}}$, ${ m { t RAISE}}$ ${ m { t PUBLIC}}$ ${ m { t AWARENESS}}$, ${ m { t FUND}}$ ${ m { t R}}$					
Jan	l	Check this box if the organization discontinued its operations or dispos					
Governance	l	•		3	11		
Ĝ	I	Number of independent voting members of the governing body (Part VI, line 1b)			11		
∞		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11		
ij		Total number of volunteers (estimate if necessary)			500		
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
Revenue				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		889,885.	1,231,872.		
	9	Program service revenue (Part VIII, line 2g)		415,619.	216,769.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,705.	33,604.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		183,146.	106,561.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,510,355.	1,588,806.		
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,637.	288,882.		
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		322,176.	468,791.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25) 65,50		751,236.	641,371.		
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,206,049.	1,399,044.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		304,306.	189,762.		
- S	19	nevenue less expenses. Subtract line 10 front line 12		ginning of Current Year	End of Year		
ets c	20	Total assets (Part X, line 16)		1,595,768.	1,762,585.		
Ass Bal	21	Total liabilities (Part X, line 26)		253,669.	180,312.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,342,099.	1,582,273.		
	rt II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer				
		Egmu		Jan. 6, 2	2023		
Sig	n	Signature of officer		Date			
Her	е	ELENI TSIGAS, CHIEF EXECUTIVE OFFICER					
		Type or print name and title	1 1	Data I ⊏	DTINI		
.		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		RICHARD SUTTER RICHARD SUTTER		01/06/23 self-employ			
	arer	Firm's name WHITTAKER COOPER (GRENNAN FENDER	, LLP) Firm's EIN ▶	87-4032754		
use	Only	Firm's address 1692 W. HIBISCUS BLVD. MELBOURNE, FL 32901		Dhans 22	1-723-3352		
Mar	, the II	RS discuss this return with the preparer shown above? See instructions		Priorie no. 3 4	X Yes No		
iviay	uie It	io discuss this return with the preparet shown above? See instructions			[44] 169 [140		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE PATIENT SUPPORT AND EDUCATION, RAISE PUBLIC AWARENESS, FUND
	RESEARCH, AND IMPROVE HEALTH CARE PRACTICES, REDUCING ILLNESS AND
	DEATH CAUSED BY PREECLAMPSIA AND HYPERTENSIVE DISORDERS OF PREGNANCY.
	PERILL ON OUR DE L'INDUCTION DE L'AUTONNE DE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	COMMUNITY. INCREASE NATIONAL AWARENESS OF PREECLAMPSIA THROUGH
	EXTENSIVE MEDIA OUTREACH AND AWARENESS EVENTS, INCLUDING RAISING GLOBAL ATTENTION.
	ATTENTION.
4b	(Code:) (Expenses \$ 421,628. including grants of \$17,213.) (Revenue \$192,273.)
	PATIENT AND HEALTH CARE PROVIDER EDUCATION AND SUPPORT. MAINTAIN THE
	NUMBER ONE ONLINE PREECLAMPSIA WEBSITE IN THE U.S., PRODUCE PRINTED
	EDUCATIONAL MATERIALS, UTILIZE MULTIMEDIA, AND A PEER-TO-PEER NETWORK
	TO PROVIDE EDUCATION AND SUPPORT TO THOSE AFFECTED BY PREECLAMPSIA.
	PROVIDE A CRISIS HOTLINE TO PROVIDE PATIENT SUPPORT, GUIDANCE, AND EDUCATION AND IMPROVE HEALTH CARE PRACTICES BY PROVIDING EDUCATIONAL
	TRAINING, RESOURCES AND RESEARCH TO HEALTH CARE PROFESSIONALS.
	INATINING, RESOURCED AND RESERVED TO HEALTH CARE TROT ESSTONALS.
4c	(Code:) (Expenses \$387,250 . including grants of \$271,669 .) (Revenue \$)
	RESEARCH. FUNDS AND ADVOCATES FOR RESEARCH INTO PATHOPHYSIOLOGY,
	DIAGNOSIS, PREVENTION AND TREATMENT OF HYPERTENSIVE DISORDERS OF
	PREGNANCY. PROVIDES RESEARCH FUNDING THROUGH VISION GRANTS, PETER
	JOSEPH PAPPAS RESEARCH FUND, TRAVEL GRANTS TO SCIENTIFIC MEETINGS, AND
	OTHER RESEARCH PROJECTS. MAINTAINS ONLINE PREECLAMPSIA RESEARCH
	REGISTRY AND PROVIDES STUDY PARTICIPANT RECRUITMENT SERVICES. PERIODIC
	COLLABORATION WITH RESEARCH SCIENTISTS TO PARTICIPATE IN RESEARCH
	STUDIES WHICH LEAD TO A GREATER UNDERSTANDING OF THE CAUSE, TREATMENT,
	AND CURE OF PREECLAMPSIA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,182,734.
	Form 990 (2021)

Form 990 (2021) PREECLAMPSIA FOUNDATION, INC. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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	<u>''</u>		_ _ _
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		х
20-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,	У	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form **990** (2021)

Form 990 (2		PREECLAMPSIA	
Part IV	Che	cklist of Required Schedules	(continued)

	- (sontinus)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		<u> X</u>
	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			v
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
^-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

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Form **990** (2021)

Form 990 (2021) PREECLAMPSIA FOUNDATION, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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 investment income?	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?	17		<u> </u>
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 arrangement with a			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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CO, LA, MA, MD, MI, NC, NJ	ОН	OK	OR
17	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orny)	avallal	JIE
	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 Schedule O)			
10	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinon	sial	
19		illiano	iai	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ELENI TSIGAS - 321-421-6957			
	3840 W EAU GALLIE BLVD, SUITE 104, MELBOURNE, FL 32934			
132006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)
		, 5111		\ ·/

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	n is both an tor/trustee)		compensation	compensation	amount of
	week		Cei aii		recio	i / ii us	(66)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	dualt	utions	<u></u>	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ELENI TSIGAS	40.00									
CHIEF EXEC OFFICER				Х				90,306.	0.	4,694.
(2) KIM SMITH, MHA	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) RAKHI DIMINO, MD, MMM, CPE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) DEBORAH KILDAY, MSN, RN-BC	2.00	1							_	
SECRETARY		Х		Х				0.	0.	0.
(5) TODD MCLAUGHLIN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) ROBYN D'ORIA MA, RNC, APN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(7) KISHIN KIRPALANI	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(8) LINDSAY DILLS	2.00								_	•
DIRECTOR		Х						0.	0.	0.
(9) NATALIE DAVIS	2.00	٠,,							_	0
DIRECTOR	1 2 00	Х						0.	0.	0.
(10) CLEMENT PAPPAS	2.00	Х						0.	0.	0
DIRECTOR (11) CHRIS CARLSON	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) ANNE CROSLOW	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
<u> </u>		22							0.	0.
		1								
-										
		1								
		1								
		1								
		1								

Form 990 (2021)

(A) Name and title	(B) Average hours per	box,	not ch unles	s per	ition more son is	than o s both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	- 1	(F) Estimate amount	of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	C	other ompensa from the organizate and relate rganizate	ation le tion ted
1b Subtotal c Total from continuation sheets to Part VI							<u> </u>	90,306.	0		4,6	94.
d Total (add lines 1b and 1c)							<u> </u>	90,306.	0		4,6	
Total number of individuals (including but n compensation from the organization	of illilited to th	ose	iiste	u ab	ove	y wri	o re	eceived more than \$100,	000 of reportable		- Lv	0
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mple	oye	e, or	higl	hest compensated emp	oyee on		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J fo	or such individual		4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors										5		Х
Complete this table for your five highest co		-							· · · · · · · · · · · · · · · · · · ·	sation	from	
the organization. Report compensation for (A)					ith c	or wit	hin	(B)			(C)	
Name and business	address	NC	NE	-			+	Description of s	ervices	Com	pensatio	n
							+					
							+					
							+					
							\dashv					
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to t	thos	se list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization					C					For	m 990 ((2021)

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			1 5 6				30000013 3 12 3 14
nts		Federated campaigns 1a	156.	-			
Sra		Membership dues1b					
S, (Fundraising events1c		_			
aif	c	Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	79,621.				
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above \dots 1f 1 ,	<u> 152,095.</u>				
nt: Ott	ç	Noncash contributions included in lines 1a-1f 1g \$					
Col	r	Total. Add lines 1a-1f		1,231,872.			
			Business Code				
ø.	2 8	FEE BASED SERVICES	611710	216,769.	216,769.		
ķ	- b			, , , , , , ,	,		
Ser							
m S							
gra Re							
Program Service Revenue	6						
ъ		All other program service revenue		216 760			
		Total. Add lines 2a-2f		216,769.			
	3	Investment income (including dividends, interes		24 142			24 142
		other similar amounts)		34,142.			34,142.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal	_			
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	C	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a		-			
	b	Less: cost or other basis					
ne		and sales expenses 7b 538.					
Ver	c	Gain or (loss) 7c -538.					
her Revenue	c	Net gain or (loss)		-538.			-538.
her	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a		-			
		Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events	····· <u> </u>	84,483.			84,483.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	24,335.				
	b	Less: cost of goods sold10b	4,628.				
	c	Net income or (loss) from sales of inventory	>	19,707.	19,707.		
"			Business Code				
oğ a	11 a	OTHER INCOME	561499	2,371.	2,371.		
ane inu	b						
eve	c	:					
Miscellaneous Revenue	c	All other revenue					
	e	Total. Add lines 11a-11d		2,371.			
	12	Total revenue. See instructions		1,588,806.	238,847.	0.	118,087.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	278,882.	278,882.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	95,000.	88,350.	1,900.	4,750.
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	329,867.	263,030.	33,428.	33,409.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,930.		7,930.	
10	Payroll taxes	35,994.	2,116.	33,878.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	9,500.		9,500.	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,649.		7,649.	
g		,		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	296,334.	271,834.	12,482.	12,018.
12	Advertising and promotion	10,499.	7,680.	2,819.	,
13	Office expenses	34,079.	26,886.	7,161.	32.
14	Information technology	32,494.	18,946.	612.	32. 12,936.
15	Royalties	- , -	.,-	-	,
16	Occupancy	37,131.		37,131.	
17	Travel	11,894.	9,835.	2,059.	
18	Payments of travel or entertainment expenses	,	2,000		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,080.	385.	1,695.	
20		_,	333.	=,0550	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,076.	3,478.	3,212.	386.
23		4,495.	1,831.	2,664.	300•
23 24	Other expenses. Itemize expenses not covered	1,100	1,001.	2,001	
24	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.)	00 405	00 105		
а	COVID RESPONSE PRODUCTS	98,405.	98,405.	F 400	
b	SUPPLIES	28,685.	23,285.	5,400.	110
С	EVENTS	24,500.	24,075.	313.	112.
d	LICENSES & FEES	18,752.	2,996.	15,756.	
е	All other expenses	17,798.	50,720.	-34,783.	1,861.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,399,044.	1,182,734.	150,806.	65,504.
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)				Form 990 (2021)

Form **990** (2021)

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			580,280.	1	781,576
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			159,865.	3	
	4	Accounts receivable, net			54,453.	4	24,922
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
တ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			9,418.	9	7,187
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	20,168.			
	b	Less: accumulated depreciation			8,176.	10c	5,872
	11	Investments - publicly traded securities			692,700.	11	5,872 872,222
	12	Investments - other securities. See Part IV, line		16,293.	12	17,800	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		16,744.	14	14,401	
	15	Other assets. See Part IV, line 11	57,839.	15	38,605		
	16	Total assets. Add lines 1 through 15 (must ed			1,595,768.	16	1,762,585
	17	Accounts payable and accrued expenses		8,597.	17	31,462	
	18	Grants payable			18		
	19	Deferred revenue			108,210.	19	110,238
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	rmer off	cer, director,			
Eie		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese per	sons		22	
ן⊏	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	79,621.	24	0
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-2). Complete Part X			
		of Schedule D			57,241.	25	38,612
	26	Total liabilities. Add lines 17 through 25			253,669.	26	180,312
		Organizations that follow FASB ASC 958, c	heck he	re 🕨 🗓			
ces		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			857,907.	27	1,215,659
Ba	28	Net assets with donor restrictions		<u></u>	484,192.	28	366,614
밑		Organizations that do not follow FASB ASC	958, cl	eck here 🕨 🔛			
딘		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipm	ent fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			1,342,099.	32	1,582,273.
	33	Total liabilities and net assets/fund balances			1,595,768.	33	1,762,585

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization PREECLAMPSIA FOUNDATION, 91-2073087 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	591,457.	959,407.	955,126.	889,885.	1231872.	4627747.
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	591,457.	959,407.	955,126.	889,885.	1231872.	4627747.
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)						
6	Public support. Subtract line 5 from line 4.						4627747.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	591,457.	959,407.	955,126.	889,885.	1231872.	4627747.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	26,965.	15,012.	23,335.	21,705.	33,604.	120,621.
9	Net income from unrelated business	•	•	•	,	•	<u>, </u>
	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.)						
11	Total support. Add lines 7 through 10						4748368.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	563,333.
13							•
	organization, check this box and stop	-		•			
Sec	tion C. Computation of Publi						,
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.46 %
15	Public support percentage from 2020					15	89.15 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-			▶ □
b	10% -facts-and-circumstances test	ŭ	•				
	more, and if the organization meets the	-					
	organization meets the facts-and-circu		·		•		ightharpoons
18	Private foundation. If the organization						• • • • • • • • • • • • • • • • • • •
				, , , , , , , , , , , , , , , , , , , ,	,		Form 990) 2021

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021

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.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

132024 01-04-21

Sche	dule A (Form 990) 2021 PREECLAMPSIA FOUNDATION, INC. 91-2	207308	7 Pa	age 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sect	tion 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,		100	I
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? 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			
Ü	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1		ne)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	115).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22 Schedule A (Form 990) 2021

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

За

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions							
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see				
	instructions).	. •		•				

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)				
Sect	ion D - Distributions		•		Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pr	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						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
	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:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	F (0004							

Schedule A (Form 990) 2021

e Excess from 2021

5763___1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PREECLAMPSIA FOUNDATION, INC.

Employer identification number 91-2073087

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. 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 dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation 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				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e 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		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	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

132051 10-28-21

	t III Organizations Maintaining Co	ollections of Ar				Other			contin		age 🚣
3	Using the organization's acquisition, accession								(OOTTERN)	uou,	
	collection items (check all that apply):	,	,		3	3					
а	Public exhibition	d		Loan or exc	hange progra	m					
b	Scholarly research	e			ago progra						
c	Preservation for future generations	_									
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organizatio	n's exemi	nt nurnos	se in Part	XIII		
5	During the year, did the organization solicit or							o iii i ai c	, dili.		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par	t X, line 21.)	organizatio	in anomorou	100 0111	01111 000	, , , ,			
	Is the organization an agent, trustee, custodia		iary for o	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								00		
~	ii roo, oxpiaii iio arangementiii arexiii e	and complete the for	iownig t	abio.					Amount	:	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year						1e				
	Ending balance						1f				
) 2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for 6	SCrOW Or CI	istodial accor	ınt liahilit			Yes		No
	If "Yes," explain the arrangement in Part XIII.								_]]
	t V Endowment Funds. Complete if										
	Complete II	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
12	Beginning of year balance	.,	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2)		,		(-,	,	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
E	. '										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curre	ent voor and balance	l line 1e	, column (o)) hold oo:				<u> </u>		
2	Board designated or quasi-endowment	ent year end balance	% (IIII) =	j, coluitiit (a)) Held as.						
	•	0/	_%								
	Permanent endowment	% %									
С		-									
0-	The percentages on lines 2a, 2b, and 2c shou	•				6		4			
за	Are there endowment funds not in the posses	ssion of the organiza	ition tha	t are neid ar	na aaministere	ea for the	organiza	ition	Г	Yes	No
	by:								0-(1)	162	NO
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		_
	If "Yes" on line 3a(ii), are the related organization								3b		<u> </u>
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment	organization's endo	wment f	unds.							
Fai	Complete if the organization answered		Dort IV	lino 11a C	oo Form 000	Dort V li	no 10				
											
	Description of property	(a) Cost or o			or other (other)		cumulate	d	(d) Bool	k valu	е
		basis (investr	nent)	Dasis	(ULLIEF)	аері	reciation				
	Land										
b	Buildings										
	Leasehold improvements			^	0 100		14 00	. 		- 0	72
	Equipment			2	0,168.		14,29	70.	;	o , 8	72.
	Other							_		- ^	70
Tota	l. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. colum	nn (B), line 1	0c.)			Schodule		_	72.

Schedule D (Form 990) 2021

Part VII Investments - Other Securiti			<u> </u>
Complete if the organization answered		-	
(a) Description of security or category (including name of s	security) (b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	12)		
Part VIII Investments - Program Relation			
Complete if the organization answered		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.	d IIV and and France COO. Book IV. Hara	11d One Form 200 Book V. Pro 15	
Complete if the organization answered		11d. See Form 990, Part X, line 15.	(h) Daalassaksa
	(a) Description		(b) Book value
<u>(1)</u>		+	
(2)			
(3)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 15.)	>	
Part X Other Liabilities.	•	· ·	
Complete if the organization answered	d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liabilit	У		(b) Book value
(1) Federal income taxes			
(2) CAP. OPERATING LEASE (DBLIGATION		38,612.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			20 (10
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 25.)		38,612.

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

Schedule D (Form 990) 2021

Pa	rt XI Reco	onciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn.	<u> </u>
	Comp	lete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue	e, gains, and other support per audited financial statements			1	1,636,197.
2	Amounts incl	uded on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealize	d gains (losses) on investments	2a	50,412.		
b	Donated serv	ices and use of facilities	2b			
С		f prior year grants				
d	Other (Descri	be in Part XIII.)	2d	4,628.		
е	Add lines 2a	through 2d			2e	55,040.
3	Subtract line	2e from line 1			3	1,581,157.
4	Amounts incl	uded on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment ex	xpenses not included on Form 990, Part VIII, line 7b	4a	7,649.		
b	Other (Descri	be in Part XIII.)	4b			
С	Add lines 4a	and 4b			4c	7,649.
5	Total revenue	e. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Onciliation of Expenses per Audited Financial Stater			5	1,588,806.
Pa	rt XII Reco	onciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Returi	n.
	Comp	lete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expense	es and losses per audited financial statements			1	1,396,023.
2	Amounts incl	uded on line 1 but not on Form 990, Part IX, line 25:				
а	Donated serv	ices and use of facilities	2a			
b	Prior year adj	ustments	2b			
С	Other losses		2c			
d	Other (Descri	be in Part XIII.)	2d	4,628.		
е	Add lines 2a	through 2d			2e	4,628.
3	Subtract line	2e from line 1			3	1,391,395.
4		uded on Form 990, Part IX, line 25, but not on line 1:				
а	Investment ex	xpenses not included on Form 990, Part VIII, line 7b	4a	7,649.		
b	Other (Descri	be in Part XIII.)	4b			
С	Add lines 4a	and 4b			4c	7,649.
5	Total expense	es. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,399,044.

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

PART X, LINE 2:

Part XIII Supplemental Information.

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION HAS BEEN MADE FOR INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2021. FASB ASC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT EVALUATES THE FOUNDATIONS TAX POSITIONS ON AN ANNUAL BASIS, BOTH PAST AND CURRENT. IF MANAGEMENT DETERMINES THAT A PAST OR CURRENT TAX POSITION IS UNCERTAIN THEN A TAX LIABILITY IS CALCULATED TO REPRESENT THE INCREASE IN TAXES ANTICIPATED UPON EXAMINATION. AS OF DECEMBER 31, 2021, MANAGEMENT HAS DETERMINED THAT ALL PAST AND CURRENT TAX POSITIONS WERE LIKELY TO BE

132054 10-28-21

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

lame	e of the	organization					Employer identi	fication number			
PRF	EECLA	AMPSIA FO	иоттапи	TNC .			91-207308	? 7			
Par	t I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on			
		Form 990, Part IV			Сотра	oto ii tiio organi	ization anomoroa				
1				maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,				
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No										
_	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the										
2			ribe in Part v the	organization's p	procedures for monitoring the use of its	grants and oti	ner assistance outs	side the			
3	United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)										
		Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total			
			offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures			
			in the region	independent	gram services, investments, grants to		specific type	for and investments			
				contractors in the region	recipients located in the region)	of service	(s) in the region	in the region			
								+			
								+			
								 			
								+			
3 a	Subtot	al	0	0				0.			
		rom continuation									
		to Part I	0	0				0.			
С	Totals	(add lines 3a						_			
			۱ ۸					_ ^			

132071 12-20-21

Schedule F (Form 990) 2021

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

recipient who red	ceived more than \$5,	000. Part II can be dupli	cated if additional space is nee	ded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND			ELECTONIC			
		NORTH AFRICA	RESEARCH	10,000.	FUNDS TRANSFER	0.		
			I recognized as charities by the to or counsel has provided a sect			>		1

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

3 Enter total number of other organizations or entities .

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

compensated at least \$5,000 by the organization.

(i) Name and address of individual

or entity (fundraiser)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Employer identification number Name of the organization 91-2073087 PREECLAMPSIA FOUNDATION, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

> (iii) Did fundraiser have custody or control of contributions?

Yes No

(iv) Gross receipts

from activity

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(ii) Activity

Total	 	•			
3 List all states in which the organization or licensing.		utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and	6b. List ev	ents with gross receipt	ts greater than \$5,000.
			(a) Event #1 ANNUAL	(b) Event	#2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER	, , , ,		(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	col. (c))
ē			(event type)	(event typ	pe)	(total number)	
Revenue	1	Gross receipts	84,483.				84,483.
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	84,483.				84,483.
	4	Cash prizes					
(A	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
irect Ey	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		I	>	
	11	•					84,483.
Pa	irt I			990, Part IV, lir	ne 19, or re	ported more than	
		\$15,000 on Form 990-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/ bingo/progressi		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe	4	Gross revenue					
	'	GIOSS Teveride					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct B	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes	% [Yes %	
	6	Volunteer labor	No No	No No	[No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			>	
9		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming ac					Yes No
b) If "	No," explain:					
	_						
	_						
		ere any of the organization's gaming licenses re				ar?	Yes No
b	If "	Yes," explain:					
	_						
	_						
1320	32 10	D-21-21				Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 PREECLAMPSIA FOUNDATION, INC. 91	<u>-2073087</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	ı The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\tau\$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
·	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	THE Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990)	PREECLAMPSIA	FOUNDATION,	INC.	91-2073087	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		(ooritiiia ou)				
						-
						-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 91-2073087 PREECLAMPSIA FOUNDATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BAYLOR COLLEGE OF MEDICINE 1102 BATES AVENUE 0 RESEARCH HOUSTON, TX 77030-3411 49,994. OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON, MAIL CODE L106 PORTLAND, OR 97239-3098 69,348, 0. RESEARCH STANFORD UNIVERSITY 259 CAMPUS DRIVE STANFORD, CA 94305 92,312 0. RESEARCH V&L RESEARCH AND CONSULTING 2304 HARMONY LAKES CIRCLE LITHONIA GA 30058 6 550 0. RESEARCH MASSACHUSSETTS GENERAL HOSPITAL CENTER FOR GENOMIC MEDICINE - 185 CAMBRIDGE STREET, CPZN 5 - BOSTON, RESEARCH MA 02114-2696 50 000 0. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2021

(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 assistar
Supplemental Information. Provide the information.	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PREECLAMPSIA FOUNDATION, INC.

Employer identification number 91-2073087

71 20,000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTHCARE PRACTICES, REDUCE ILLNESS AND DEATH CAUSED BY PREECLAMPSIA
AND HYPERTENSION DISORDERS OF PREGNANCY.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL MEMBERS OF THE BOARD REVIEW AND APPROVE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
1. THE FOUNDATION INCORPORATED A CONFLICT OF INTEREST STATEMENT IN
THEANNUAL CONTRACT REQUIRED TO BE SIGNED BY ALL BOARD MEMBERS. ALL
BOARDMEMBER CONTRACTS WERE SIGNED IN 2020.
2. THE FOUNDATION ALSO INCORPORATED A CONFLICT OF INTEREST STATEMENT IN ITS
POLICIES AND PROCEDURES HANDBOOK WHICH WAS UPDATED IN DECEMBER 2017. ALL
EMPLOYEES, INCLUDING SUBSEQUENT HIRES, WERE REQUIRED TO SIGN THE CONFLICT
OF INTEREST STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION PACKAGES ARE DETERMINED AND APPROVED BY THE BOARD OF
DIRECTORS. COMPENSATION PACKAGES ARE DETERMINED AND APPROVED BY THE BOARD
OFDIRECTORS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CO, LA, MA, MD, MI, NC, NJ, OH, OK, OR, SC, TN, UT, WI, CA, FL, GA, IL, MN, NY, PA, VA, WA

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization PREECLAMPSIA FOUNDATION, INC.	Employer identification number 91-2073087
CERTAIN GOVERNING DOCUMENTS ARE EITHER ON THE ORGANIZATION	'S WEBSITE,OR ARE
AVAILABLE BY REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	198,854.
MANAGEMENT AND GENERAL EXPENSES	3,814.
FUNDRAISING EXPENSES	12,018.
TOTAL EXPENSES	214,686.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	72,980.
MANAGEMENT AND GENERAL EXPENSES	8,668.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,648.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	296,334.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lir	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FILING CABINETS (2)	09/08/12	SL	7.00	16	329.				329.	329.		0.	329.
2	SWEET ENTERPRISE SOFTWARE	09/03/14	SL	3.00	16	10,000.				10,000.	10,000.		0.	10,000.
3	COMPUTERS	05/18/10	SL	5.00	16	1,398.				1,398.	1,398.		0.	1,398.
4	OFFICE FURNITURE	07/12/10	SL	5.00	16	1,365.				1,365.	1,365.		0.	1,365.
5	COMPUTER	07/24/14	SL	5.00	16	560.				560.	560.		0.	560.
6	COMPUTER - LAPTOP	06/08/15	SL	5.00	16	530.				530.	530.		0.	530.
7	LAPTOP COMPUTER - VISUAL DYNAMICS	09/24/15	SL	5.00	16	2,000.				2,000.	2,000.		0.	2,000.
8	WEBPAGE DEVELOPMENT - BLUE SKY	12/04/17	SL	3.00	16	6,150.				6,150.	6,150.		0.	6,150.
9	DONOR PERFECT - CRM SOFTWARE	01/17/18		36 M	HY43	4,830.				4,830.	4,830.		0.	4,830.
10	BLUE SKY COLLABORATIVE - SOFTWARE ENHANCEMENT	10/04/18		36 M	НУ43	12,000.				12,000.	12,000.		0.	12,000.
11	COMPUTER	04/21/14	SL	5.00	16	677.				677.	677.		0.	677.
12	ARTEMIS NETWORK	08/31/14	SL	5.00	16	2,516.				2,516.	2,516.		0.	2,516.
	* TOTAL 990 PAGE 10 DEPR & AMORT					42,355.				42,355.	42,355.		0.	42,355.

^{128111 04-01-21}

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone