Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2019 calendar year, or tax year beginning (insert no.) 2019 and ending 12/31/2019

C Name of organization
Preeclampsia Foundation, Inc.

D Employer identification number
91-2073087

E Telephone number
321-421-6957

G Gross receipts
1,268,792

H(a) Is this a group return for subdivisions? No
H(b) Are all subdivisions included? No

J Website
www.preeclampsia.org

K Form of organization
Corporation

L Year of formation
2000

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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.

2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1b)

9 Program service revenue (Part VIII, line 2a)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24d)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarant of preparer (other than officer) is based on all information of which preparer has any knowledge.

5/11/2020
Eleni Tsigas
Chief Exec Officer

Paid Preparer Use Only

Richard D. Sutter, CPA

Whittaker Cooper Financial Group
1692 West Hibiscus Boulevard
Melbourne, FL 32901

Phone no.
321-723-3352

For Paperwork Reduction Act Notice, see the separate instructions.
DAA
Part III  Statement of Program Service Accomplishments

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.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
   Yes  No
   If “Yes,” describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
   Yes  No
   If “Yes,” describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   4a. (Code: ) (Expenses $347,268 including grants of $ ) (Revenue $ )  
       ADVOCACY AND AWARENESS. Increase national awareness of preeclampsia through extensive media outreach and awareness events, including raising global attention.

   4b. (Code: ) (Expenses $284,198 including grants of $ ) (Revenue $ )  
       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.

   4c. (Code: ) (Expenses $398,934 including grants of $276,945 ) (Revenue $ )  
       RESEARCH. Funds and advocates for research into pathophysiology, diagnosis, prevention and treatment of hypertensive disorders of pregnancy. Provides research funding through Vision Grants, 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  
       1,030,400
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Part III</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part V</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>12</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for foreign organizations? If “Yes,” complete Schedule F, Parts I and IV</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>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)</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III</td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td>X</td>
</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

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

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 I

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If “Yes,” complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If “Yes,” complete Schedule L, Part IV

b A family member of any individual described in line 28a? If “Yes,” complete Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If “Yes,” complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
2a. 12

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
   Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
   2b. X

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?  
   3a. X

b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  
   3b. X

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
   4a. X

b. If "Yes," enter the name of the foreign country  
   4b. X

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
   5a. X

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
   5b. X

c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  
   5c. X

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
   6a. X

b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
   6b. X

7 Organizations that may receive deductible contributions under section 170(c).
   a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  
      7a. X

   b. If "Yes," did the organization notify the donor of the value of the goods or services provided?  
      7b. X

   c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
      7c. X

   d. If "Yes," indicate the number of Forms 8282 filed during the year  
      7d. 

   e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
      7e. X

   f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
      7f. X

   g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
      7g. X

   h. Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
      7h. X

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.  
   a. 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:  
   a. Initiation fees and capital contributions included on Part VIII, line 12  
      10a.  

   b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
      10b. 

11 Section 501(c)(12) organizations. Enter:  
   a. Gross income from members or shareholders  
      11a.  

   b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  
      11b. 

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
   12a. 

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
   12b. 

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  
   a. Is the organization licensed to issue qualified health plans in more than one state?  
      Note: See the instructions for additional information the organization must report on Schedule O.  
      13a. 

   b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
      13b.  

   c. Enter the amount of reserves on hand  
      13c.  

14a Did the organization receive any payments for indoor tanning services during the tax year?  
   14a. X

b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  
   14b. 

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  
   15. X

b. If "Yes," see instructions and file Form 4720, Schedule N.  
   15. X

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  
   If "Yes," complete Form 4720, Schedule O.  
   16. X
### Part VI  Governance, Management, and Disclosure

**Section A. Governing Body and Management**

1. Enter the number of voting members of the governing body at the end of the tax year:
   - **1a** Enter the number of voting members of the governing body at the end of the tax year. 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.  
   - **1b** Enter the number of voting members included on line 1a, above, who are independent.

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?  
   - Yes: X

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?  
   - Yes: X

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  
   - Yes: X

5. Did the organization become aware during the year of a significant diversion of the organization's assets?  
   - Yes: X

6. Did the organization have members or stockholders?  
   - Yes: X

7. 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?  
   - Yes: X

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   - a. The governing body?  
      - Yes: X
   - b. Each committee with authority to act on behalf of the governing body?  
      - Yes: X

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.  
   - Yes: X

**Section B. Policies** *(This Section B requests information about policies not required by the Internal Revenue Code.)*

10. Did the organization have local chapters, branches, or affiliates?  
    - Yes: X

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
    - Yes: X

12. Did the organization have a written conflict of interest policy? If "No," go to line 13  
    - Yes: X

13. Did the organization have a written whistleblower policy?  
    - Yes: X

14. Did the organization have a written document retention and destruction policy?  
    - Yes: 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?  
   - a. The organization's CEO, Executive Director, or top management official  
      - Yes: X
   - b. Other officers or key employees of the organization  
      - Yes: X

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
    - Yes: X

**Section C. Disclosure**

17. 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, OH, OK, OR, SC

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
   - Own website  
   - Other (explain on Schedule O)

19. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  

20. State the name, address, and telephone number of the person who possesses the organization's books and records:  
   - Eleni Tsigas  
   - 3840 W Eau Gallie Blvd, Suite 104  
   - Melbourne, FL 32934  
   - 321-421-6957
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List all of the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Linda Murray</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chair</td>
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<td>(2) Kim Smith</td>
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<tr>
<td>Vice Chair</td>
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<td>(3) Beth Frazer</td>
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<tr>
<td>Past Chair</td>
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<td>(4) Clement Pappas</td>
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<tr>
<td>Treasurer</td>
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<td>(5) Debbie Kilday</td>
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<tr>
<td>Secretary</td>
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<td>(6) Matthew Cooper</td>
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<tr>
<td>Director</td>
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<td>(7) Todd McLaughlin</td>
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<tr>
<td>Director</td>
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<tr>
<td>(8) Robyn D'Oria MA, RNC, APN</td>
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<tr>
<td>Director</td>
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<tr>
<td>(9) Kishin Kirpalani</td>
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</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) Natalie Davis</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) Eleni Tsigas</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chief Exec Officer</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Preeclampsia Foundation, Inc. 91-2073087
Form 990 (2019)
### Part VII  
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(D) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from unrelated organizations and related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation (W-2/1099-MISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average hours per week (list any hours for related organizations below dotted line)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal u 61,080

c Total from continuation sheets to Part VII, Section A u 61,080

d Total (add lines 1b and 1c) u 61,080

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u 0

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization u 0
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td>$955,126</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f</td>
<td>$8,555</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td><strong>Total. Add lines 1a–1f</strong></td>
<td><strong>955,126</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Registry database fees</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Patient education fees</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other income</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td><strong>Total. Add lines 2a–2f</strong></td>
<td><strong>33,153</strong></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td>u</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Rental inc. or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Less: cost or other basis and sales exps.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>$26,043</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td><strong>Total. Add lines 11a–11d</strong></td>
<td><strong>1,524</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td>u</td>
</tr>
</tbody>
</table>

---

Form 990 (2019) Preeclampsia Foundation, Inc. 91-2073087 Page 9
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>157,992</td>
<td>157,992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>118,953</td>
<td>118,953</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>61,080</td>
<td>52,121</td>
<td>4,146</td>
<td>4,813</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>312,955</td>
<td>267,054</td>
<td>21,241</td>
<td>24,660</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>11,948</td>
<td>11,948</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>28,688</td>
<td>28,688</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Fees for services (nonemployees): Management</td>
<td>26,160</td>
<td>22,323</td>
<td>1,776</td>
<td>2,061</td>
</tr>
<tr>
<td>11b</td>
<td>Fees for services (nonemployees): Legal</td>
<td></td>
<td></td>
<td>9,000</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>Fees for services (nonemployees): Accounting</td>
<td></td>
<td></td>
<td>9,000</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>Fees for services (nonemployees): Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Fees for services (nonemployees): Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>Investment management fees</td>
<td>5,961</td>
<td>5,961</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>187,657</td>
<td>171,117</td>
<td>12,015</td>
<td>4,525</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>470</td>
<td>280</td>
<td>140</td>
<td>50</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>37,759</td>
<td>34,875</td>
<td>2,643</td>
<td>241</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>34,897</td>
<td>24,073</td>
<td>10,656</td>
<td>168</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>40,311</td>
<td>1,562</td>
<td>38,613</td>
<td>136</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>30,067</td>
<td>25,518</td>
<td>2,760</td>
<td>1,789</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>11,782</td>
<td>3,755</td>
<td>94</td>
<td>7,933</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>20,221</td>
<td>14,929</td>
<td>5,292</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>5,440</td>
<td>1,801</td>
<td>3,639</td>
<td></td>
</tr>
<tr>
<td>24a</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>98,887</td>
<td>93,568</td>
<td>5,319</td>
<td></td>
</tr>
<tr>
<td>24b</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>42,662</td>
<td>38,919</td>
<td>3,743</td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>13,527</td>
<td>1,035</td>
<td>12,492</td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>4,218</td>
<td>500</td>
<td>3,718</td>
<td></td>
</tr>
<tr>
<td>24e</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>4,085</td>
<td>25</td>
<td>3,825</td>
<td>235</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>1,264,720</td>
<td>1,030,400</td>
<td>187,709</td>
<td>46,611</td>
</tr>
<tr>
<td>26</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 990 (2019)**

**Preeclampsia Foundation, Inc.**

**91-2073087**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX [X]
### Form 990 (2019) Page 11

**Part X Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>215,835</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>97,612</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>27,005</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here ✗ and complete lines 27, 28, 32, and 33.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>33</td>
</tr>
</tbody>
</table>

Form 990 (2019)
Part XI  Reconciliation of Net Assets

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

1  Total revenue (must equal Part VIII, column (A), line 12) ...........................................  1  1,262,181
2  Total expenses (must equal Part IX, column (A), line 25) ...............................................  2  1,264,720
3  Revenue less expenses. Subtract line 2 from line 1 .....................................................  3  -2,539
4  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ........  4  778,132
5  Net unrealized gains (losses) on investments ...............................................................  5  69,327
6  Donated services and use of facilities ............................................................................  6
7  Investment expenses .......................................................................................................  7
8  Prior period adjustments ...............................................................................................  8
9  Other changes in net assets or fund balances (explain on Schedule O) .........................  9
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ...........................................................  10  844,920

Part XII  Financial Statements and Reporting

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

1  Accounting method used to prepare the Form 990: □ Cash  □ Accrual  □ Other

   If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O.

2a  Were the organization’s financial statements compiled or reviewed by an independent accountant? .........................................................  2a  X

   If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
   □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

2b  Were the organization’s financial statements audited by an independent accountant? .................................................................  2b  X

   If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

2c  If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .........................................................  3a  X

3b  If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits
### Public Charity Status and Public Support

**Part I: Reason for Public Charity Status**

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2. A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4. 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:

5. 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).**
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8. A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
9. An agricultural research organization described in **section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions).** Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 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 **sections 509(a)(1) or section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- **a** Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- **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.
- **d** 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.
- **e** 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.
- **f** Enter the number of supported organizations

- **g** Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2019
### Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td>693,734</td>
<td>758,160</td>
<td>591,457</td>
<td>959,407</td>
<td>955,126</td>
<td>3,957,884</td>
</tr>
<tr>
<td>2. Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td>693,734</td>
<td>758,160</td>
<td>591,457</td>
<td>959,407</td>
<td>955,126</td>
<td>3,957,884</td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td>394,410</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The portion of total contributions by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>each person (other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported organization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>included on line 1 that exceeds 2% of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 4.</td>
<td>3,566,474</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>693,734</td>
<td>758,160</td>
<td>591,457</td>
<td>959,407</td>
<td>955,126</td>
<td>3,957,884</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties, and income from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar sources</td>
<td>33,040</td>
<td>18,913</td>
<td>26,965</td>
<td>15,012</td>
<td>23,335</td>
<td>117,285</td>
</tr>
<tr>
<td>9. Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities, whether or not the business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td>4,075,149</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions)</td>
<td>563,333</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization, check this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentage for 2019 (line 6, column (f)</td>
<td>14. 87.44%</td>
</tr>
<tr>
<td>divided by line 11, column (f))</td>
<td></td>
</tr>
<tr>
<td>15. Public support percentage from 2018 Schedule A, Part II,</td>
<td>15. 93.11%</td>
</tr>
<tr>
<td>line 14</td>
<td></td>
</tr>
</tbody>
</table>

| 16a. 33 1/3% support test—2019. If the organization did          | X                                                               |
|       not check the box on line 13, and line 14 is 33 1/3% or    |                                                                 |
|       more, check this box and stop here. The organization      |                                                                 |
|       qualifies as a publicly supported organization            |                                                                 |

| 17a. 10%-facts-and-circumstances test—2019. If the organization|                                                                 |
|       did not check a box on line 13, 16a, or 16b, and line 14  |                                                                 |
|       is 10% or more, and if the organization meets the         |                                                                 |
|       "facts-and-circumstances" test, check this box and stop  |                                                                 |
|       here. Explain in Part VI how the organization meets the  |                                                                 |
|       "facts-and-circumstances" test. The organization         |                                                                 |
|       qualifies as a publicly supported organization           |                                                                 |

| 18. Private foundation. If the organization did not check a    |                                                                 |
|       box on line 13, 16a, 16b, 17a, or 17b, check this box    |                                                                 |
|       and see instructions                                      |                                                                 |

Preeclampsia Foundation, Inc. 91-2073087
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>2  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>3  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>4  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>5  Total. Add lines 1 through 5</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>6  Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>7  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>8  Total. Add lines 7a and 7b</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>16 Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
<tr>
<td>18 Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
<td>(\ldots)</td>
</tr>
</tbody>
</table>

The organization qualifies as a publicly supported organization.
**Section A. All Supporting Organizations**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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).</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>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?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>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.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section B. Type I Supporting Organizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section C. Type II Supporting Organizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section D. All Type III Supporting Organizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section E. Type III Functionally-Integrated Supporting Organizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Activities Test. Answer (a) and (b) below.**

   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. **Parent of Supported Organizations. Answer (a) and (b) below.**

   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
## Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
## Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**Part I**  
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   - Yes  
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - Yes  
   - No

**Part II**  
Conservation Easements.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).  
   - Preservation of land for public use (for example, recreation or education)  
   - Preservation of natural habitat  
   - Preservation of open space  
   - Preservation of a historically important land area  
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  

4. Number of states where property subject to conservation easement is located  

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - Yes  
   - No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   - Yes  
   - No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

**Part III**  
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Revenue included on Form 990, Part VIII, line 1</td>
<td></td>
</tr>
<tr>
<td>(ii) Assets included in Form 990, Part X</td>
<td></td>
</tr>
</tbody>
</table>

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td></td>
</tr>
<tr>
<td>Assets included in Form 990, Part X</td>
<td></td>
</tr>
</tbody>
</table>
**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [ ] No

**Part IV** Escrow and Custodial Arrangements.

Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
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<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
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<tr>
<td>1f</td>
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</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V** Endowment Funds.

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- [ ] Board designated or quasi-endowment u %
- [ ] Permanent endowment u %
- [ ] Term endowment u %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- [ ] Unrelated organizations
- [ ] Related organizations

3b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI** Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
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<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
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<tr>
<td>1c Leasehold improvements</td>
<td></td>
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<tr>
<td>1d Equipment</td>
<td>19,399</td>
<td>7,844</td>
<td>11,555</td>
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<tr>
<td>1e Other</td>
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</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) [ ] 11,555
### Part VII Investments – Other Securities

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
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<tr>
<td>(2) Closely held equity interests</td>
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<td>(3) Other</td>
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</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ...........................................

### Part VIII Investments – Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ...........................................

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Right-to-use asset</td>
<td>73,323</td>
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<tr>
<td>(2) Deposit</td>
<td>2,736</td>
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</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ...........................................

76,059

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **(a) Description of liability**
   - (1) Federal income taxes
   - (2) Cap. operating lease obligation
       - (b) Book value
       - 74,747

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. ............ X
Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   | Revenue per Audited Financial Statements | | Revenue per Return |
|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | 1,411,618 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a | Net unrealized gains (losses) on investments | 69,327 |
| b | Donated services and use of facilities | 79,460 |
| c | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| e | Add lines 2a through 2d | 148,787 |
| 3 | Subtract line 2e from line 1 | 1,262,831 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | |
| b | Other (Describe in Part XIII.) | |
| c | Add lines 4a and 4b | -650 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 1,262,181 |

Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   | Expenses per Audited Financial Statements | | Expenses per Return |
|---|---|---|
| 1 | Total expenses and losses per audited financial statements | 1,344,830 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a | Donated services and use of facilities | 79,460 |
| b | Prior year adjustments | |
| c | Other losses | |
| d | Other (Describe in Part XIII.) | |
| e | Add lines 2a through 2d | 79,460 |
| 3 | Subtract line 2e from line 1 | 1,265,370 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | |
| b | Other (Describe in Part XIII.) | |
| c | Add lines 4a and 4b | -650 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 1,264,720 |

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

Part X - FIN 48 Footnote

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, 2019 or 2018.

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 Foundation's 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, 2018, management has determined that all past and current tax positions were likely to be realizable and sustainable upon examination and that the calculation of a tax liability was not necessary. Tax years ended December 31, 2015 through 2019 remain subject to possible examination by the Internal Revenue Service.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Investment expenses netted on financial statements $ 5,961
Merchandise costs netted with revenue $ -6,611

Part XII, Line 4b - Expense Amounts Included on Return - Other

Investment expenses netted on financial statements $ 5,961
Merchandise costs netted with revenue $ -6,611
**Part I General Information on Activities Outside the United States.** Complete if the organization answered “Yes” on Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [ ] Yes [ ] No

2. **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3a Subtotal . . . . . .

b Total from continuation sheets to Part I . . . .

c Totals (add lines 3a and 3b)
## Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Research</td>
<td>68,953</td>
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</table>

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

3 Enter total number of other organizations or entities ................................................................................................................. u
### Schedule F (Form 990) 2019

**Preeclampsia Foundation, Inc.**

**91-2073087**

#### Part III

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered “Yes” on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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</tr>
</tbody>
</table>
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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No
Part V  Supplemental Information

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

**Preeclampsia Foundation, Inc.**

Employer identification number

#### Part I - Fundraising 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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2a. 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

2b. If “Yes,” list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>6</td>
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<td>8</td>
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<tr>
<td>9</td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total: ...................................................................................................................................

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Part II**  **Fundraising Events.** Complete if the organization answered “Yes” on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Annual Fundrais</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>229,611</td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>229,611</td>
<td>229,611</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

10 Direct expense summary. Add lines 4 through 9 in column (d) 229,611
11 Net income summary. Subtract line 10 from line 3, column (d) 229,611

**Part III**  **Gaming.** Complete if the organization answered “Yes” on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor

7 Direct expense summary. Add lines 2 through 5 in column (d) 229,611
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 229,611
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? □ Yes □ No
b If “No,” explain:

c Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? □ Yes □ No
b If “Yes,” explain:
| 11 | Does the organization conduct gaming activities with nonmembers? |  |
| 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? |  |
| 13 | Indicate the percentage of gaming activity conducted in: | 13a % |
| a | The organization's facility |  |
| b | An outside facility | 13b % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |  |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? |  |
| b | If “Yes,” enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $ |  |
| c | If “Yes,” enter name and address of the third party: |  |
| 16 | Gaming manager information: |  |
| 17 | Mandatory distributions: |  |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? |  |
| 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 $ |  |

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
<table>
<thead>
<tr>
<th>#</th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1 | Montefiore Medical Center  
1300 Morris Park Ave  
Bronx NY 10461 | 13-1740114 | 501c3 | 72,870 | | | Research |
| 2 | Northwestern University  
633 Clark Street  
Evanston IL 60208 | | | 21,874 | | | Research |
| 3 | University of North Carolina at Chapel Hill  
104 Airport Drive  
Chapel Hill NC 27599 | | | 21,874 | | | Research |
| 4 | Trustees of the University of Pennsylvania  
PO Box 785541  
Philadelphia PA 19178 | | | 21,874 | | | Research |
| 5 | The University of Vermont  
85 S Prospect Street  
Burlington VT 05405 | | | 19,000 | | | Research |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table
**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered “Yes” on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
<td></td>
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<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
Form 990, Part III, Line 4d - All Other Accomplishments

RESEARCH. Funds and advocates for research into pathophysiology, diagnosis, prevention and treatment of hypertensive disorders of pregnancy. Provides research funding through Vision Grants, 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.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

All members of the board review and approve Form 990 before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

1. The Foundation incorporated a Conflict of Interest statement in the annual contract required to be signed by all Board members. All Board member contracts were signed in 2019.

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, Line 15a - Compensation Process for Top Official

Compensation packages are determined and approved by the board of directors.
Name of the organization

Preeclampsia Foundation, Inc.

Employer identification number

91-2073087

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation packages are determined and approved by the board of directors.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed


Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Certain governing documents are either on the Organization's website, or are available by request.

Form 990, Part IX, Line 11g - Other Fees for Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Tot/Prog Service</th>
<th>Mgt &amp; General</th>
<th>Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other professional fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>43,902</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other professional fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>13,716</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other professional fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>5,686</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other professional fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>0</td>
<td>2,950</td>
<td>970</td>
</tr>
<tr>
<td>Contracted services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>8,868</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contracted services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merchandise costs netted with revenue</td>
<td>$6,611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment expenses netted on financial statements</td>
<td>$5,961</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted services</td>
<td>$45,946</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted services</td>
<td>$9,065</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$4,525</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

<table>
<thead>
<tr>
<th>Contracted services</th>
<th>$45,946</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment expenses netted on financial statements</td>
<td>$5,961</td>
</tr>
<tr>
<td>Merchandise costs netted with revenue</td>
<td>$6,611</td>
</tr>
<tr>
<td>Merchandise costs netted with revenue</td>
<td>$-6,611</td>
</tr>
</tbody>
</table>
## Indirect Depreciation

### Part I  Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>(b) Cost (business use only)</th>
<th>(c) Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
<td>1,020,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td></td>
<td>2,550,000</td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation (see instructions)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II  Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only–see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions</td>
<td>3-year property</td>
<td>3 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td>3,033</td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election</td>
<td>5-year property</td>
<td>5 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS)</td>
<td>7-year property</td>
<td>7 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>MACRS deductions for assets placed in service in tax years beginning before 2019</td>
<td>10-year property</td>
<td>10 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>MACRS deductions for assets placed in service in tax years beginning 2019</td>
<td>15-year property</td>
<td>15 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>MACRS deductions for assets placed in service in tax years beginning 2019</td>
<td>20-year property</td>
<td>20 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Residential rental property</td>
<td>25 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>Nonresidential real property</td>
<td>39 yrs.</td>
<td>S/L</td>
<td>MM</td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
<td>21</td>
<td>22</td>
<td>3,033</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions</td>
<td>22</td>
<td>3,033</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Description</td>
<td>Date In Service</td>
<td>Cost</td>
<td>Bus Sec</td>
<td>Basis for Depr</td>
<td>Per Conv Meth</td>
<td>Prior</td>
<td>Current</td>
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<tr>
<td>Computers</td>
<td>5/18/10</td>
<td>1,398</td>
<td>1,398</td>
<td>5 MO S/L</td>
<td>1,398</td>
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<tr>
<td>Office furniture</td>
<td>7/12/10</td>
<td>1,365</td>
<td>1,365</td>
<td>5 MO S/L</td>
<td>1,365</td>
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<td>Filing cabinets (2)</td>
<td>9/08/12</td>
<td>329</td>
<td>329</td>
<td>7 MO S/L</td>
<td>298</td>
<td>31</td>
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<tr>
<td>Computer</td>
<td>4/21/14</td>
<td>677</td>
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<td>5 MO S/L</td>
<td>632</td>
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<td>Artemis Network</td>
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<td>2,516</td>
<td>5 MO S/L</td>
<td>2,180</td>
<td>336</td>
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<tr>
<td>Computer</td>
<td>7/24/14</td>
<td>560</td>
<td>560</td>
<td>5 MO S/L</td>
<td>495</td>
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<td>SWEET Enterprise Software</td>
<td>9/03/14</td>
<td>10,000</td>
<td>10,000</td>
<td>3 MO S/L</td>
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<td>Computer - Laptop</td>
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<td>5 MO S/L</td>
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<td>5 MO S/L</td>
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<tr>
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<td>12/04/17</td>
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<td>3 MO S/L</td>
<td>2,221</td>
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<td>Donor Perfect - CRM software</td>
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<td><strong>Total Other Depreciation</strong></td>
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<td>25,525</td>
<td>37,099</td>
<td>3,033</td>
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<td><strong>Total ACRS and Other Depreciation</strong></td>
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<td>25,525</td>
<td>37,099</td>
<td>3,033</td>
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<td><strong>Grand Totals</strong></td>
<td></td>
<td>42,355</td>
<td>25,525</td>
<td>37,099</td>
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<tr>
<td><strong>Less: Dispositions and Transfers</strong></td>
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<td><strong>Less: Start-up/Org Expense</strong></td>
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<td>25,525</td>
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