Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A 1	OI UI	z 202 i Calendar year, or tax year beginning	and	renuing				
В	Check if applicab	C Name of organization			D Employer identifi	cation number		
	Addre	PRAGER UNIVERSITY FOUNDA	ATION					
	Name	e Doing business as			27-17639	01		
	Initial return	Number and street (or P.O. box if mail is not delive	r					
	Final return	15021 VENTURA BOULEVARD	747-251-	2005				
	termir ated	City or town, state or province, country, and ZI	P or foreign postal code		G Gross receipts \$	59,474,251.		
X	Amen return	SHERMAN OAKS, CA 91403			H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: MARI	SSA STREIT		for subordinates			
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in			
Τ.	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		te: ▶ WWW.PRAGERU.COM			H(c) Group exemption	n number		
K	orm o	organization: X Corporation Trust Asso	ociation Other ►	L Year	of formation: 2010	M State of legal domicile: VA		
	art I	Summary						
-	1	Briefly describe the organization's mission or most si			AMERICAN V	ALUES		
Activities & Governance		THROUGH THE CREATIVE USE OF						
rns	2	Check this box if the organization disconti	inued its operations or dispo	sed of more	than 25% of its net ass			
ŏ	3	Number of voting members of the governing body (P	, , , , , , , , , , , , , , , , , , , ,		3	9		
رح حم	4	Number of independent voting members of the gove				9		
es 6	5	Total number of individuals employed in calendar year				97		
Ę	6	Total number of volunteers (estimate if necessary)				15000		
₽cti	7 a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12		7a	314,766.		
_	b	Net unrelated business taxable income from Form 99	00-T, Part I, line 11	<u></u>	7b	216,064.		
					Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			34,681,451.	55,881,319.		
enn	9				3,000.	40,300.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			138,184.	436,289.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,365,559.	276,835.		
	12	Total revenue - add lines 8 through 11 (must equal Pa			36,188,194.	56,634,743.		
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)		395.	0.		
	14	Benefits paid to or for members (Part IX, column (A),	,		0.	0.		
S	15	Salaries, other compensation, employee benefits (Pa			5,818,075.	8,929,127.		
)SU	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		0.	178,444.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 2						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			14,695,607.	23,801,605.		
	18	Total expenses. Add lines 13-17 (must equal Part IX,			20,514,077.	32,909,176.		
	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>		15,674,117.	23,725,567.		
S OF				Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			38,941,460.	63,851,949.		
Net Assets or	21	Total liabilities (Part X, line 26)			1,682,781.	2,867,703.		
		Net assets or fund balances. Subtract line 21 from lin	ne 20		37,258,679.	60,984,246.		
	art II	Signature Block						
		Ilties of perjury, I declare that I have examined this return, in			· · · · · · · · · · · · · · · · · · ·	/ knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer)	is based on all information of w	nich preparer	nas any knowledge.			
		Signature of officer			l Date			
Sign		' · · · ·			Dαιο			
Her	·e	MARISSA STREIT, CEO Type or print name and title						
		, , ,		Tr	Date Check C	TI PTIN		
D-!		I I I I I I I I I I I I I I I I I I I	Preparer's signature	I	L			
Paid		FRANK H. SMITH	rank H. Smith	U	4/19/22 self-employ	ped P00639053 11-1986323		
	Only	Firm's name MARCUM LLP Firm's address 1899 L STREET, NW	פוודיים פגה		FIRM'S EIN	TT_T200272		
use	Only	WASHINGTON, DC 20			Phone no. (2	02) 227 4000		
N / -	. Ala - 1				Phone no. (Z			
		RS discuss this return with the preparer shown above				X Yes No Form 990 (2021)		
1320	01 12-0	9-21 LHA For Paperwork Reduction Act Notice,	, see me separate instructi	uilo.		FOITH 330 (2021)		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PRAGER UNIVERSITY FOUNDATION ("PRAGERU") IS THE WORLD'S LEADING
	CONSERVATIVE NONPROFIT THAT IS FOCUSED ON CHANGING MINDS. WE PROMOTE
	AMERICAN VALUES THROUGH THE CREATIVE USE OF DIGITAL MEDIA, AS OUR
	MISSION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	200 017
	PRAGER UNIVERSITY FOUNDATION ("PRAGERU") IS THE WORLD'S LEADING
	CONSERVATIVE NONPROFIT THAT IS FOCUSED ON CHANGING MINDS. WE PROMOTE
	AMERICAN VALUES THROUGH THE CREATIVE USE OF DIGITAL MEDIA, AS OUR
	MISSION. TAKING FULL ADVANTAGE OF TODAY'S TECHNOLOGY AND SOCIAL MEDIA,
	WE EDUCATE MILLIONS OF AMERICANS AND YOUNG PEOPLE ABOUT THE VALUES THAT
	MAKE AMERICA GREAT. OUR VISION IS A WORLD COMMITTED TO LIFE, LIBERTY
	AND THE PURSUIT OF HAPPINESS.
4b	(Code:) (Expenses \$
4c	(0.4) \(\(\) \(
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 25,055,899.

132002 12-09-21

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
h	Schedule D, Parts XI and XII	12a	- 22	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution and their area officer and the constitution of the United Obstaco	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.15		 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>.</u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
132003	3 12-09-21	Form	990	(2021)

3 2021.03031 PRAGER UNIVERSITY FOUNDAT 193724_3

	1 990 (2021) PRAGER UNIVERSITY FOUNDATION 27-17	63901	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		I	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			- v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23	Х	├──
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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% controllection.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	- 1		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·		28c	Х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	_
		29	22	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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			X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	}		_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ______ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X
Form 990 (2021)

4
2021.03031 PRAGER UNIVERSITY FOUNDAT 193724_3 (gambling) winnings to prize winners?

PRAGER UNIVERSITY FOUNDATION 27-1763901 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O Х 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

5

If "Yes," complete Form 6069.

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.0									
	a support a through the appropriate heads O	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5									
	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,									
	(This Section B requests information about policies not required by the internal nevertue code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	T T C									
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120									
·	,	12c	х								
13	on Schedule O how this was done	13	X								
14		14	X								
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17									
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	X								
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
100		16a		Х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		-25							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, CA, CT, DC, FL, GA, HI, IL	KS	ΚΥ	MD							
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)										
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avallal	JIC .							
40	(d fina-	nio!								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	ıdı								
00	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 MARISSA STREIT - 747-251-2005										
	15021 VENTURA BOULEVARD, 552, SHERMAN OAKS, CA 91403										
-	15021 VENTURA BOULEVARD, 552, SHERMAN OARS, CA 91405	Г	990	(0004)							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Cer an	la a a	recio	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	Institutional trustee	<u>~</u>	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) MARISSA STREIT	40.00									
CEO				Х				669,500.	0.	7,188.
(2) DAVID PRAGER	40.00									
CHIEF DEVELOPMENT OFFICER				Х				422,000.	0.	22,474.
(3) CRAIG STRAZZERI	40.00									
CHIEF MARKETING OFFICER				Х				342,000.	0.	23,031.
(4) LAYNE THRASHER	40.00	-						227 222		
CHIEF FINANCIAL OFFICER				Х				307,000.	0.	20,384.
(5) ALLEN ESTRIN	30.00	-		l				24.7. 222		•
EXECUTIVE DIRECTOR	10.00			Х				317,000.	0.	0.
(6) JASON BATEMAN	40.00	-						100 000	•	01 445
DIRECTOR, MAJOR GIFTS	40.00					X		192,000.	0.	21,447.
(7) LUCY WERNER	40.00	-				,,		160 000	,	1 050
DIRECTOR, MAJOR GIFTS	40.00					X		162,000.	0.	1,250.
(8) KATHERINE PATRYKUS	40.00	-						140 000	•	11 (10
DIRECTOR, PORTFOLIO & FOUNDATIONS	40.00					X		142,000.	0.	11,617.
(9) CHRISTOPHER POWELL	40.00	-				,,		127 000		15 55
VP, PRODUCTION TECHNOLOGY	40.00					X		137,000.	0.	15,755.
(10) ADRIENNE JOHNSON CHIEF OF STAFF	40.00	-				X		142 000	0.	0 261
(11) STEVE ROBINSON	1.00					^		142,000.	0.	9,361.
CHAIRMAN	1.00	Х		х				0.	0.	0.
(12) DENNIS BECK	1.00	ļ <u></u>								
TREASURER		х		x				0.	0.	0.
(13) GREG CASSILETH	1.00									
SECRETARY		Х		х				0.	0.	0.
(14) KIM BENGARD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID BLUMBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BOB HUTT	1.00									
DIRECTOR		Х						0.	0.	0.
(17) BARAK LURIE	1.00									
DIRECTOR - UNTIL 12/31/2021		Х						0.	0.	0.

132007 12-09-21

2021.03031 PRAGER UNIVERSITY FOUNDAT 193724 3

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i		1 than d	one	Reportable	Reportable	- 1		timate	
	hours per week					s both or/trus		compensation	compensation			nount (of
	(list any						ĺ	from the	from related organization			other pensa	tion
	hours for	direct				- G		organization	(W-2/1099-MISC/			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	al trus	nal tr		oyee	om p		1099-NEC)				d relate	
	below line)	Individual trustee or director	nstitutional trustee	Officer	ey employee	Highest compensated employee	Former				orga	anizatio	ons
(18) ANNE E. MOUNSEY	1.00	ы П	su	JJ0	Ke	iĘ, Ē	요			\longrightarrow			
DIRECTOR - UNTIL 12/31/2021	1.00	Х						0.		0.			0.
(19) MARTY WATKINS	1.00							0.		- • 			<u> </u>
DIRECTOR - UNTIL 12/31/2021	1:00	х						0.		0.			0.
											ı		
		-											
										-+			
		1											
-										\dashv			
		-											
								0 000 500		$\overline{}$	12		
1b Subtotal								2,832,500.		0.	<u> 13</u>	2,50	
c Total from continuation sheets to Part VI								2,832,500.		0.	12	2,50	<u>0.</u>
d Total (add lines 1b and 1c)							>		000 of reportable		тэ.	4,5	<i>J 1</i> •
Total number of individuals (including but n compensation from the organization	ot illilited to th	use	пъте	u an	ove	, wn	o re	ceived more man \$100,	ooo or reportable	7			19
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trusto	ee. k	ev e	empl	ove	e. or	hiał	nest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for s	*		•	•	•		•	·	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T	the organization's tax y	ear.				
(A)								(B)			(C	;)	

(A) Name and business address	(B) Description of services	(C) Compensation
FACEBOOK, INC.		- Compensus:
1 HACKER WAY, MARIO PARK, CA 94025	MEDIA/MARKETING	6,950,961.
GOOGLE		
901 CHERRY AVENUE, SAN BRUNO, CA 94066	MEDIA/MARKETING	4,553,531.
RICHARD NORMAN COMPANY, 113 EAST MARKET	MASS MAILER	
STREET, SUITE 300, LEESBURG, VA 20176	MARKETING SERVICES	879,647.
FOX NEWS COMPANY, 5715 COLLECTION CENTER		
DR, CHICAGO, IL 60693	MEDIA/MARKETING	727,305.
EKF PROMOTIONS	PROMOTIONAL	
19528 VENTURA BLVD #232, TARZANA, CA 91356	ITEMS/SHIPPING	630,248.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 19		

Form **990** (2021)

8
2021.03031 PRAGER UNIVERSITY FOUNDAT 193724_3

Form 990 (2021) PRAGER
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any line	e in this Part VIII			
			Shock ii Schodare S Schaine a	тоороноо	si iloto to ully iiil	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				т. т					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					
ira ou			Membership dues	1b					
s, (С	Fundraising events	1c	375,210.				
ä ji		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e	700,167.				
Sign		f	All other contributions, gifts, grants, and						
he bt			similar amounts not included above	1f	54,805,942.				
텵		а	Noncash contributions included in lines 1a-1f	1g \$	2,298,481.				
Š		-	Total. Add lines 1a-1f			55,881,319.			
0 10		<u>''</u>	Total: Add lines 1a 11		Business Code	,,			
	_		HONORARIA		900099	40,300.	40,300.		
<u>ic</u>	2		ALVANONOH		300033	40,300.	40,300.		
er v		b							
S c		С							
an,		d							
Program Service Revenue		е							
P.		f	All other program service revenue						
		g	Total. Add lines 2a-2f			40,300.			
	3		Investment income (including divide						
			other similar amounts)			358,710.			358,710.
	4		Income from investment of tax-exen			,			, -
						64,885.	59,662.		5,223.
	5		Royalties	i) Real	(ii) Personal	04,005.	35,002.		3,223.
				i) neai	(II) Personal				
	6		Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory 7a 2,	398,100.					
		h	Less: cost or other basis						
Φ		~		320,521.					
Revenue		_	Gain or (loss) 7c	77,579.					
e						77,579.			77,579.
Æ			Net gain or (loss)			11,313.			11,319.
ther	8	а	Gross income from fundraising events (
ŏ			including \$ 375,210.	_ of					
			contributions reported on line 1c). S	iee					
			Part IV, line 18	8a	35,650.				
		b	Less: direct expenses	8b	345,321.				
		С	Net income or (loss) from fundraisin	g events		-309,671.			-309,671.
	9		Gross income from gaming activitie						
	_	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	I	200 504				
			and allowances	10a					
		b	Less: cost of goods sold	10b	173,666.				
		С	Net income or (loss) from sales of in	ventory		206,855.	206,855.		
,,					Business Code				
šno į	11	а	ADVERTISING		541800	314,766.		314,766.	
ne Due		b							
ella ve		c							
Miscellaneous Revenue			All other revenue						
Σ						314,766.			
	40		Total Add lines 11a-11d			56,634,743.	306,817.	314,766.	131,841.
	12		Total revenue. See instructions		P	50,054,745.	1 300,017.	1 314,700.	
13200	J 12-	-09-	21						Form 990 (2021)

9 2021.03031 PRAGER UNIVERSITY FOUNDAT 193724_3

Form 990 (2021) PRAGER UNIVERSITY FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 120 577	1 602 062	222 207	222 207
_	trustees, and key employees	2,130,577.	1,683,963.	223,307.	223,307
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,705,655.	2 757 216	1 072 160	1 076 170
7	Other salaries and wages	3,103,033.	2,757,316.	1,072,169.	1,876,170
8	Pension plan accruals and contributions (include	143,333.	66,890.	28,595.	47,848
0	section 401(k) and 403(b) employer contributions)	463,636.	247,844.	82,308.	133,484
9 10	Other employee benefits	485,926.	273,720.	80,940.	131,266
10 11	Payroll taxes	403,320.	275,7200	00,540.	131,200
	Fees for services (nonemployees):				
	Management Legal	57,849.	32,395.	15,229.	10,225
	Accounting	46,713.	26,159.	12,297.	8,257
	Lobbying	10 / / 13 (20,2330	22/23/1	0,23,
	Professional fundraising services. See Part IV, line 17	178,444.			178,444
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	2,799,615.	2,656,128.	9,295.	134,192
12	Advertising and promotion	16,086,400.	14,756,589.	·	1,329,811
13	Office expenses	1,155,974.	814,310.	126,636.	215,028
14	Information technology	1,148,949.	1,085,415.		63,534
15	Royalties				
16	Occupancy	716,707.	324,027.	269,031.	123,649
17	Travel	216,821.	100,268.	26,869.	89,684
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	294,919.	2,056.	91,523.	201,340
20	Interest				
21	Payments to affiliates	45 222	27.216	44 5-5	
22	Depreciation, depletion, and amortization	45,022.	25,212.	11,852.	7,958
23	Insurance	84,638.	48,772.	13,572.	22,294
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	710 760	1 050		710 011
	MERCHANDISE DUES AND SUBSCRIBETORS	712,769.	1,958. 152,877.	71 06/	710,811 48,254
b	DUES AND SUBSCRIPTIONS	272,995.	134,8//•	71,864.	48,∠54
C	UBI TAXES MISCELLANEOUS	118,688. 43,546.		118,688. 43,546.	
		43,340.		43,340.	
	All other expenses	32,909,176.	25,055,899.	2,297,721.	5,555,556
25 26	Total functional expenses. Add lines 1 through 24e	J4, JUJ, 1/0.	43,033,033.	4,431,141.	٥,٥٥٥,٥٥٥
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Par	τX	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,706,332.	1	18,260,560		
	2	Savings and temporary cash investments			13,988,688.	2	14,863,440
	3	Pledges and grants receivable, net	1,679,565.	3	1,693,014		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			464,556.	9	506,738
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		172,336.			
	b	Less: accumulated depreciation		82,190.	59,175.		90,146 28,225,983
	11	Investments - publicly traded securities		6,845,396.	11	28,225,983	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		197,748.	15	212,068	
	16	Total assets. Add lines 1 through 15 (must ed			38,941,460.	16	63,851,949
	17	Accounts payable and accrued expenses	978,724.	17	2,682,133		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
ja Pi		controlled entity or family member of any of the			22		
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·	704 057	23	0
	24	Unsecured notes and loans payable to unrela			704,057.	24	U
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X	0.	۰.	185,570
	00	of Schedule D			1,682,781.	25	2,867,703
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		- ▼	1,002,701.	26	2,001,103
S		and complete lines 27, 28, 32, and 33.	neck ner				
nce	27				36,708,679.	27	57,596,699
ala	27 28	Net assets with donor restrictions	550,000.	28	3,387,547		
<u>6</u>	20	Organizations that do not follow FASB ASC			330,000.	20	3,307,347
ᆵᅵ		and complete lines 29 through 33.	956, 0116	ck nere			
ō	20	Capital stock or trust principal, or current fund	le.			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
\ss	30 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			37,258,679.	32	60,984,246
Ź	32 33	Total liabilities and net assets/fund balances			38,941,460.	33	63,851,949
	00	Total habilities and het assets/fully baldifices			30,321,400	JJ	Form 990 (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,9		
3	Revenue less expenses. Subtract line 2 from line 1	3	23,7	25,	567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,2	58,	679.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	60,9	84,	<u> 246.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	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				
b	Were the organization's financial statements audited by an independent accountant?		2	b 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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3</u>	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		З	b	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
PRAGER UNIVERSITY FOUNDATION

Employer identification number 27-1763901

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

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

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

Sec	tion A. Public Support	, prod		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) = 2 11	()	(=, == : =	(-)	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	11181721.	17942046.	22372603.	34681451.	55881319.	142059140
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11181721.	17942046.	22372603.	34681451.	55881319.	142059140
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5063881.
	Public support. Subtract line 5 from line 4.						136995259
	tion B. Total Support			Ī	ı	1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 142059140
	Amounts from line 4	11181/21.	1/942046.	223/2603.	34681451.	55881319.	142059140
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 000	1200520	1542220	022 274	262 022	1110072
_	and income from similar sources	100,808.	1409549.	1542529.	022,374.	363,933.	4118973.
9	Net income from unrelated business						
	activities, whether or not the		104,067.	157 //0	121 265	217,064.	902,836.
40	business is regularly carried on		104,007.	137,440.	424,205.	217,004.	902,030.
IU	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						147080949
	Gross receipts from related activities,	etc (see instruction	nne)			12 2	,154,790.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax	vear as a section 5		7_0_7.000
	organization, check this box and sto						ightharpoonup
Sec	tion C. Computation of Publi						
	•			column (f))		14	93.14 %
	 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14 						90.92 %
	33 1/3% support test - 2021. If the					ore, check this bo	x and
	stop here. The organization qualifies						▶ 😈
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			>
17a	'a 10% -facts-and-circumstances test - 2021. 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 fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>



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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	ļ					
formed, or facilities furnished in any activity that is related to the	ļ					
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	ļ					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is	ļ					
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
check this box and stop here	<u></u>	<u></u>		<u></u>	·····	>
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	▶□
b 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization						

Schedule A (Form 990) 2021

132023 01-04-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
За		
3b		
3с		
4a		
16		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

132024 01-04-21

that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b За

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	· · · · · · · · · · · · · · · · · · ·
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
<u>d</u>	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2021 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

27-1763901

Name of the organization Employer identification number

PRAGER UNIVERSITY FOUNDATION

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

27-1763901

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$, 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PRAGER UNIVERSITY FOUNDATION

27-1763901

Part II	Noncash Property (see instructions). Use duplicate copies of Parl	t II if additional space is needed.	7 1703501
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11	-21		Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** PRAGER UNIVERSITY FOUNDATION 27-1763901 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PRAGER UNIVERSITY FOUNDATION

Employer identification number 27-1763901

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, F	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	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	•	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	ents that describes the
D-	organization's accounting for conservation easements.	Note I listania al Tura accura a cur Ot	han Cincilan Assata
Pa	rt III Organizations Maintaining Collections of A	•	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	'	
	of art, historical treasures, or other similar assets held for public	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,	•	
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial	I gain, provide
	the following amounts required to be reported under FASB AS6	_	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

2021.03031 PRAGER UNIVERSITY FOUNDAT 193724_3

	t III Organizations Maintaining Co	ollections of Ar				r Other	Similar A		(continu	Page Z
	•								(CONTINU	<u>ea)</u>
3	Using the organization's acquisition, accession	on, and other record	s, check	any or the i	ollowing that	. make sig	nincant use	OFILS		
	collection items (check all that apply):									
a	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							in Part	XIII.	
5	During the year, did the organization solicit or								٦	
Dos	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on F	orm 990, F	Part IV, I	ine 9, or	
	,						a la calla al			
па	Is the organization an agent, trustee, custodia								٦.,	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:					A t	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on Fo					•	/?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it									
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance	0.								
b	Contributions	11,272,110.								
С	Net investment earnings, gains, and losses	462,511.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	11,734,621.								
2	Provide the estimated percentage of the curre		e (line 1ç	g, column (a))) held as:					
а	Board designated or quasi-endowment	86.7600	_%							
b	Permanent endowment ► 13.2400	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the	organizatio	on	_	
	by:								\	es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	', line 11a. S	See Form 990	, Part X, lii	ne 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			10	1,001.		26,245		74	,756.
	Equipment	I		7	1,335.		55,945	5.	15	,390.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X. colun	nn (B). line 1	0c.)				90	,146.

	ERSITY FOUNDA	TION 2	7-1763901 Page 3
Part VII Investments - Other Securities.	5 000 D 1 N/ I	441 0 5 000 5 17 1 40	
Complete if the organization answered "Yes"	_		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11a Saa Farm 000 Dort V line 12	
(a) Description of investment		(c) Method of valuation: Cost or e	and of year market value
·	(b) Book value	(c) Method of Valuation. Cost of e	ind-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 900 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
-	Description		(b) Dook value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		<u>> </u>
Complete if the organization answered "Yes"	on Form 900 Part IV line	11e or 11f See Form 990 Part Y line 2	05
(a) Description of liability	OITT OITT 330, T AITTV, IIITE	Tre or Tri. Gee Form 990, Fart X, line 2	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) DEFERRED RENT			185,570.
			105,570.
(3)			+
(4)			
(5)			
(6)			+
(7)			
(8)			
(9)			105 550
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		<u>▶</u> 185,570.

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



Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			_1_	56,980,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	345,321.		
е	Add lines 2a through 2d			2e	345,321.
3	Subtract line 2e from line 1			3	56,634,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	56,634,743.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	33,254,497.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	345,321.		
е	Add lines 2a through 2d			2e	345,321.
3	Subtract line 2e from line 1			3	32,909,176.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	32,909,176.
Pa	rt XIII Supplemental Information.				
Prov	ide 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 addition	nal inforr	nation.		
PAI	RT V, LINE 4:				
\overline{IN}	YEARS WHEN THE ENDOWMENT FUND PERFORMANCE E	XCEE	DS 5% NET R	ETU:	RNS, THE
TI ()	MOANTON WILL WINDDAW 58 IN VEADS WIEN MILE	י דוגנים	OMBANIA BIIND	ים ח	DEODMANCE

FOUNDATION WILL WITHDRAW 5%. IN YEARS WHEN THE ENDOWMENT FUND PERFORMANCE DOES NOT EXCEED 5% NET RETURNS, THE FOUNDATION WILL ONLY WITHDRAW THE INVESTMENT APPRECIATION FROM THE PRIOR FISCAL YEAR, IF ANY. THE BOARD HAS THE ABILITY TO ADJUST THE WITHDRAWAL ANNUALLY. THE ENDOWMENT FUND'S INCOME IS UTILIZED FOR GENERAL OPERATIONS.

PART X, LINE 2:

THE FOUNDATION BELIEVES THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED

TAXES IN ITS FINANCIAL STATEMENTS.

	Schedule D (Form 990) 2021 PRAGER UNIVERSITY FOUNDATION Part XIII Supplemental Information (continued)	27-1763901 Page 5
SPECIAL EVENT EXPENSES 345,321. PART XII, LINE 2D - OTHER ADJUSTMENTS:	Part XIII Supplemental Information (continued)	
SPECIAL EVENT EXPENSES 345,321. PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES 345,321. PART XII, LINE 2D - OTHER ADJUSTMENTS:		
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CDECTAL EVENT EVENCEC	245 221
	SPECIAL EVENT EXPENSES	345,321.
SPECIAL EVENT EXPENSES 345,321.	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	SPECIAL EVENT EXPENSES	345.321.
		31070221

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

PRAGER	UNIVERSITY FOUNDAT	ION			27-1763	901
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
 1 Indicate whether the organization rais a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicates a suppose of the second of the	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
compensated at least \$5,000 by the	organization.	1		r	Γ	
(i) Name and address of individual or entity (fundraiser) (ii) Activity			(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE RICHARD NORMAN COMPANY -		Yes	No			
113 EAST MARKET STREET, SUITE	DIRECT MAIL SOLICITATION	1	Х	3,735,757.	178,444.	3,557,313.
		1				
		+				
			<u> </u>	3,735,757.		3,557,313.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration
AL, AK, AR, CA, CO, CT, DC,	FL.GA.HI.KY.ME.MD.I	MI.M	IN . N	V.NJ.NM.NY	.NC.ND.OH.	OK.PA.RI
SC, TN, UT, VA, WA, WV, WI	, , , , ,	, ,		, , , , , , , , , , , , , , , , , , , ,	, , , ,	,,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LOS ANGELES		(add col. (a) through
			SEPTEMBER 20	GALA NOV 202	3	col. (c))
Ф			(event type)	(event type)	(total number)	351. (5)/
Revenue						
Š	1	Gross receipts	133,150.	87,800.	189,910.	410,860.
			100 150	66.050	100 010	275 210
	2	Less: Contributions	129,150.	66,050.	180,010.	375,210.
	2	Gross income (line 1 minus line 2)	4,000.	21,750.	9,900.	35,650.
	3	Gross income (line 1 militus line 2)	4,000.	21,750.	3,300.	33,0301
	4	Cash prizes				
	5	Noncash prizes				
ses						
Seus	6	Rent/facility costs		155,383.	27,745.	183,128.
Direct Expenses			10 564		0.4. 0.00	40.050
ect	7	Food and beverages	18,564.		24,398.	42,962.
Ӓ		Fatastainmant	15,000.		48,196.	63,196.
	9	Entertainment Other direct expenses		4,550.	31,731.	56,035.
	_	Direct expense summary. Add lines 4 through		1/3300		345,321.
		Net income summary. Subtract line 10 from li			_	-309,671.
Pa						-
		\$15,000 on Form 990-EZ, line 6a.				
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re	_	0				
	1	Gross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
Ě						
ire	4	Rent/facility costs				
- 1						
\dashv	5	Other direct expenses				
		Other direct expenses	Yes%		Yes%	
			Yes% No		Yes %	
	6	Other direct expenses Volunteer labor	No No	No No	No No	
	6	Other direct expenses Volunteer labor	No No		No No	
	6	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No 5 in column (d)	No No	No ▶	
	6	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No 5 in column (d)	No No	No ▶	
9	6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No 5 in column (d) from line 1, column (d)	No No	No	
а	6 7 8 Entries	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming according to the state of the	No s 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these s	No States?	No	Yes No
а	6 7 8 Entries	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No s 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these s	No States?	No	Yes No
а	6 7 8 Entries	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming according to the state of the	No s 5 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these s	No States?	No	Yes No
a b	6 7 8 Entitle If "	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming ac No," explain:	No 15 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these s	states?	No ►	
a b 10a	6 7 8 Ent Is t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduthe organization licensed to conduct gaming action," explain: ere any of the organization's gaming licenses re	No 15 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these servoked, suspended, or te	states?	No ►	
a b 10a	6 7 8 Ent Is t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condut the organization licensed to conduct gaming ac No," explain:	No 15 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these servoked, suspended, or te	states?	No ►	

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 PRAGER UNIVERSITY FOUNDATION	27-1763901 Page	3
11 Does the organization conduct gaming activities with nonmembers?		О
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	ed	
to administer charitable gaming?	Yes N	О
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility		%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:	
Name		_
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N	ю
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:		
Name		_
Address >		_
16 Gaming manager information:		
Name		_
Gaming manager compensation > \$		
Description of services provided		
Description of services provided		_
		_
Director/officer Employee Independent contractor		
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?	Yes N	О
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the	
organization's own exempt activities during the tax year > \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d (v); and Part III, lines 9, 9b, 10b,	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	RAISERS:	
(I) NAME OF FUNDRAISER: THE RICHARD NORMAN COMPANY		
(I) ADDRESS OF FUNDRAISER:		
113 EAST MARKET STREET, SUITE 300, LEESBURG, VA 20176		
,,,,		_
PART I, LINE 2B, COLUMN (V):		_
		_
DURING THE YEAR ENDED DECEMBER 31, 2021, THE RICHARD NORMAL PAID A TOTAL OF \$868,438. OF THIS AMOUNT, \$178,444 WAS RELA		_
TAID Y TOTAL OF SOUCHESO. OF THIS WHOULT, STICHARA MAS KENY	סו חהוע	

132083 10-21-21

Part IV Supplementa	ii information (continu	red)					
PROFESSIONAL FU	NDRAISING SERV	VICES AND	THE	REST WAS	RELATED TO	о тні	3
REIMBURSEMENT O	F FUNDRAISING	EXPENSES	FOR	POSTAGE,	PRINTING,	AND	OTHER
FUNDRAISING MAT	ERIALS.						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number PRAGER UNIVERSITY FOUNDATION 27-1763901

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7.7
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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



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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARISSA STREIT	(i)	575,000.	94,500.	0.	7,188.	0.	676,688.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID PRAGER	(i)	320,000.	102,000.	0.	11,600.	10,874.	444,474.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRAIG STRAZZERI	(i)	325,000.	17,000.	0.	11,600.	11,431.	365,031.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAYNE THRASHER	(i)	305,000.	2,000.	0.	12,188.	8,196.	327,384.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALLEN ESTRIN	(i)	290,000.	27,000.	0.	0.	0.	317,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JASON BATEMAN	(i)	165,000.	27,000.	0.	6,600.	14,847.	213,447.	0.
DIRECTOR, MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LUCY WERNER	(i)	125,000.	37,000.	0.	1,250.	0.	163,250.	0.
DIRECTOR, MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHERINE PATRYKUS	(i)	125,000.	17,000.	0.	5,000.	6,617.	153,617.	0.
DIRECTOR, PORTFOLIO & FOUNDATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTOPHER POWELL	(i)	125,000.	12,000.	0.	4,583.	11,172.	152,755.	0.
VP, PRODUCTION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ADRIENNE JOHNSON	(i)	120,000.	22,000.	0.	4,800.	4,561.	151,361.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 5:
MARISSA STREIT, CHIEF EXECUTIVE OFFICER, RECEIVED BONUSES BASED UPON
REVENUES RAISED ANNUALLY.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of th	ne organization F	RAGER U	JNIVERSIT	'Y FO	UND	ATION					rident 639		on nu	mber
Part I	Excess Bene	efit Transac	ctions (section	n 501(c)(3	3), sect	ion 501(c)(4), and sec	ction 501(c)(2	9) orga	nizatio	ns on	ly).			
	Complete if the					art IV, line 25a or 25b	, or Form 990)-EZ, P	art V, I	ine 40	b	1	_	
1 (a) Na	me of disqualified p	person (l	b) Relationship b person and			ified (c	(c) Description of transaction							cted?
	•		person and	J Organiza	ation	· ·	<u> </u>					Y	es	No
												+	-	
												+		
2 Enter	the amount of tax i	incurred by the	e organization m	nanagers	or disc	ualified persons duri	ng the year u	nder						
section	on 4958									▶ \$				
3 Enter	the amount of tax,	if any, on line	2, above, reimb	ursed by	the or	ganization				▶ \$				
D - 1 11 1		1/ = 1												
Part II	Loans to and													
	•	J				, Part V, line 38a or F	form 990, Par	t IV, lin	ie 26; (or if th	e orga	nizatio	on	
	reported an amo				2. pan to or	(a) Original	(A) Dl	-1	1-1	\ lo	(h) Ap	proved	(=) \A	Iritton
		(b) Relationsh with organizat	51115 (C) . G. 5000		(e) Original principal amount	(f) Balance due		(9) ""		by bo	board or I (1) "		/ritten ment?	
	·			To	From				Yes	No	Yes		Yes	1
				1.0	110111				103	140	103	110	103	110
											↓			
											↓			
											—			
											—			
T - 4 - 1										L				L
Total Part III	Grants or As	sistance B	Senefiting Int	ereste	d Per	> \$								
	Complete if the		_											
(a) N	lame of interested p		(b) Relations			(c) Amount of	(0	d) Type	of		(e) Purp	ose o	f
(-, .	, , , , , , , , , , , , , , , , , , , ,		interested p			assistance		ssistan				assist		
			the orga	nization										
										\dashv				
										+				
										-+				

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

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of		
	person and the organization	transaction	transaction	organization's revenues?		
KANSAS & BROOKLYN	ENTITY OWNED BY DEN	462.083.	KANSAS & BR	Yes	No X	
		102,000	TILITOTIO & DIC			
Part V Supplemental Information.						
Provide additional information for re	sponses to questions on Schedule L (see in	nstructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:			
(A) NAME OF PERSON: KANSA	AS & BROOKLYN					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:			
ENTITY OWNED BY DENNIS PR	RAGER, CO-FOUNDER					
(D) DESCRIPTION OF TRANSA	ACTION: KANSAS & BROOK	LYN RECEIVE	ED \$462.083	FOR		
CONSULTING SERVICES PERFO	RMED BY DENNIS PRAGER	, CO-FOUNDI	ER.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

PRAGER UNIVERSITY FOUNDATION

Employer identification number 27-1763901

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution	•	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	126	2,298,481.	FMV		
10	Securities - Closely held stock			, ,			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
	3	,	3			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	ı x	
	Does the organization hire or use third parties of						
	contributions?		•		32	а	Х
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.						

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



Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF
CONTRIBUTIONS THAT WRE RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2021.
SCHEDULE M, LINE 32B:
THE FOUNDATION WILL WORK WITH ESTATE ATTORNEYS/FIDUCIARIES FOR ANY
LEGACY GIFTS AND ESTATES WHEN A DONOR PASSES, AS IS NEEDED. THE
FOUNDATION DID NOT TAKE IN ANY NON-STANDARD CONTRIBUTIONS, BUT
ROUTINELY REVIEWS ITS GIFT ACCEPTANCE POLICY FOR CLARITY AND
COMMUNICATION TO DONORS.

Schedule M (Form 990) 2021

132142 11-17-21

16530419 150872 193724

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PRAGER UNIVERSITY FOUNDATION	27-1763901	
FORM 990, PART I, LETTER B: AMENDED RETURN		
FORM 990, PART IV, LINE 17, PART IX, LINE 11E, AND SCHEDUL	E G, PART I,	
WERE AMENDED TO ACCURATELY REPORT THE PAYMENT MADE FOR PROFESSIONAL		
FUNDRAISING SEVICES.		
FORM 990, PART VI, SECTION B, LINE 11B:		
THE FEDERAL FORM 990 IS INITIALLY REVIEWED BY THE CFO, CEO	, AND EXECUTIVE	
DIRECTOR. IT IS THEN PRESENTED TO THE AUDIT COMMITTEE, AND	THEN FULL BOARD	
OF DIRECTORS FOR FINAL REVIEW. UPON THE BOARD OF DIRECTORS	' APPROVAL, THE	
FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVIC	Ε.	
FORM 990, PART VI, SECTION B, LINE 12C:		
EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTE	E WITH GOVERNING	
BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFF	IRMS SUCH PERSON:	
- HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,		
- HAS READ AND UNDERSTANDS THE POLICY,		
- HAS AGREED TO COMPLY WITH THE POLICY, AND		
- UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS		
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT		
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.		
FORM 990, PART VI, SECTION B, LINE 15:		
DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR,		
DONE BY THE BOARD OF DIRECTORS, OFTEN IN CONJUNCTION WITH	A PROFESSIONAL	
AND INDEPENDENT SEARCH FIRM. SALARY SURVEYS, EXPERT KNOWLE	DGE, AND	

Schedule O (Form 990) 2021

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

Schedule O (Form 990) 2021 Page 2

Name of the organization PRAGER UNIVERSITY FOUNDATION	Employer identification number 27-1763901	
CANDIDATE EXPERIENCE ARE KEY DETERMINANTS OF THESE SALARIES. THE LAST		
COMPENSATION STUDY WAS CONDUCTED IN NOVEMBER 2020. OTHER OFFICER SALARIES		
ARE ALSO EVALUATED BY AN OUTSIDE SEARCH FIRM AND THE CEO.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:		
AL,AK,CA,CT,DC,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NV,NY,NC,OK,OR,PA		
RI,SC,TN,UT,VA,WV,WI		
FORM 990, PART VI, SECTION C, LINE 19:		
PRAGER UNIVERSITY FOUNDATION'S GOVERNING DOCUMENTS, INCLUDING ITS		
ORGANIZATIONAL BYLAWS, AUDITED FINANCIAL STATEMENTS, FEDERAL FORMS 990, AND		
CONFLICT OF INTEREST POLICY, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.		