Extended to November 15, 2018

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning and ending	g						
B	heck if pplicable	C Name of organization		D Employer identifi	cation number				
	Addres	PREA Foundation, Inc.							
F	Name change	Doing business as		82-1	060870				
Ī]initial _return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/cuite	E Telephone numbe					
	Final	100 Pearl Street, 13th Floor	Suite		60-692-6341				
	-Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,957,439.				
_	Amend			H(a) is this a group re					
	Applica			for subordinates					
	pendin	same as C above		H(b) Are all subordinates i					
11	ax-exe	mpt status: X 501(c)(3)	527	1 ''	list. (see instructions)				
		e: ▶ www.prea.org/found		H(c) Group exemption					
			Year		M State of legal domicile: NY				
		Summary	100,	01101111da011. 22 0 22 111	VI Otato di logo: dolimono: 242				
		Briefly describe the organization's mission or most significant activities To advan	nce	the real e	state				
& Governance		industry-wide diversity and inclusion. \							
Ë		Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net a	ssets				
Ş	í	Number of voting members of the governing body (Part VI, line 1a)	3	9					
Ğ	l .	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
ଦ୍ର	l .	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0				
iţie	1	Fotal number of volunteers (estimate if necessary)		6	0				
Activities	l	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
⋖	l .	Net unrelated business taxable income from Form 990-T, line 34		7b					
			T	Prior Year	Current Year				
a.	8 (Contributions and grants (Part VIII, line 1h)			8,955,750.				
ž	1	Program service revenue (Part VIII, line 2g)	קר_		0.				
Revenue	10	nyaetmant income (Part VIII. column (A) lings 3. 4 and 7#)			1,689.				
ď	. مدا	2015	$I \vdash$		0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Π		8,957,439.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 13)			980,000.				
	l	Benefits paid to or for members (Part IX, column (A), Ine-4) OGDEN, UT		· · · · · · · · · · · · · · · · · · ·	0.				
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.				
be	ŀ	Fotal fundraising expenses (Part IX, column (D), line 25)							
யி	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			25.				
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			980,025.				
	19	Revenue less expenses Subtract line 18 from line 12			7,977,414.				
ces			Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			8,707,414.				
AB	21	Total liabilities (Part X, line 26)			730,000.				
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20			7,977,414.				
	art II	Signature Block							
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of r	ny knowledge and belief, it is				
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.					
	1	- Controlly							
Sig	n	Signature of officer		Date 😝	12010				
Her	e	Gail Haynes, Board Member		8	1 2018				
		Type or print name and title		·					
		Print/Type preparer's name Preparer's signature	13	Date Check	PTIN				
Paid Kathy A. Raffa Kathy a. Raffa 7/16/18 sett-employed P01338549									
	arer	Firm's name Raffa, P.C.		Firm's EIN	52-1511275				
Use	Only	Firm's address 1899 L Street, NW, Suite 850							
		Washington, DC 20036		Phone no. 2 (02-822-5000				
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
7320	01 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2017)				

629

orm	1990 (2017) PREA Foundation, Inc.	82-1060870 Page 2
Pai	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	
	The mission of the Foundation is to further the interest	s and values
	of the institutional real estate investment community by	
	industry-wide diversity and inclusion.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	LTes LA_INO
_	•	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LTes LANo
_	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported	
4a	· · · · · · · · · · · · · · · · · · ·	
	The Foundation provides financial support to qualified of	
	provide professional development programs and training t	to encourage
	minorities to pursue careers in the real estate industry	y •
4h	(Code) (Expenses \$	1
	/ Code	,
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	, , , , , , , , , , , , , , , , , , ,
	(Vode) (revenue) (revenue) (revenue) (revenue) (revenue)	ue 4
		
4d	Other program services (Describe in Schedule O)	
4 U	, -	1
40	(Expenses \$ including grants of \$) (Revenue \$	

Form **990** (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	-		
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ļ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		_ x_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	<u> </u>	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	-·· <u>·</u>		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	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	İ	1	[
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	\mathbf{x}_{-}
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13-	 	-23
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		T
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		X
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_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	}	ĺ	
	complete Schedule G, Part III	19		X

Form 990 (2017) PREA Foundation, Inc. 82-1060870 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	l
	Schedule J .	23		<u> </u>
24a			ļ	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	 -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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		'	1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member]		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-	-	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		1
	If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		↓ —
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017)

PREA Foundation, Inc. 82-1060870_ 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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 in Schedule O. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11<u>a</u> b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records:

06103

statements available to the public during the tax year

Gail Haynes - 860-692-6341

100 Pearl Street, 13th Floor, Hartford,

Form 990 (2017)	PREA	Foundation, I	nc.	82-10608	70 Page 7
Dart VIII O	(0//	D:	1	C E I I I I I I I I I I I I I I I I I I	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation
 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, c	lirector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	unte	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week			T	1	1		from the	from related	other compensation
	(list any hours for	direct					l	1	organizations (W-2/1099-MISC)	from the
	related	ee or	stee	}		usate		(W-2/1099-MISC)	(organization
	organizations	l frus	la E		oyee	E S	Ì			and related
	below	Individual trustee or director	Institutional trustee	Officer	en d	Highest compensated employee	Ē			organizations
	line)	를	= E	8	- S	물통	횬			
(1) Debbie Harmon	1.00			ĺ						
Chair	1 00	X	ļ.	X		<u> </u>	<u> </u>	0.	0.	0.
(2) Kevin Faxon	1.00	1.			1		1			^
President	1 00	X		X			-	0.	0.	0.
(3) Dhvani Shah	1.00	4,-		7.					_	_
Treasurer	1.00	X	├	X	H	-		0.	0.	0.
(4) Yvonne Nelson	1.00	x		x				0.	0.	0.
Secretary	1.00	^	-	^	╁	╁─╴		<u> </u>	<u> </u>	<u></u>
(5) Mike DiRe	1.00	X				}		0.	0.	0.
Director (6) Gail Haynes	1.00		-	-	 	+	┢		ļ	
Director	1.00	x	ĺ	Į				0.	0.	0.
(7) Sonny Kalsi	1.00				1	1-	1		_	
Director		x	Ì					0.	0.	0.
(8) Eric Lang	1.00			Г						
Director		X					<u>L</u>	0.	0.	0.
(9) Ralph Rosenberg	1.00		1					ļ		
Director		X	ļ	L	_	 	<u> </u>	0.	0.	0.
	ļ				ļ					
	<u> </u>	├		 		1	<u> </u>	ļ		<u> </u>
	<u></u>	-	ĺ	}		}				
		<u> </u>	-	 	+-	┼-	<u> </u>			
	ļ	-	ļ	ļ			1			
	 				-	╁	┼─	 		
	 	}								
	 	╁╌	-	+-	╁╌	+-	┢	 		
		1		{			1		1	1
	 	†	 	\vdash	1	┪	+-	 	 	
		1								
	T	\top	T	1	T^-	1	\top			
]		1			1]	
				Γ						
		<u> </u>	1	1.		-	-			

rar	I VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	ompensated Employe				
	(A)	(B)	(C)			•			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	l l		
		hours per week	box	, unle	ss pe	rson	is bot	han	compensation	compensation		amount o	Ť
		(list any			Ī	T		T	from the	from related organizations		other ompensat	ion
		hours for	di ec				6	1	organization	(W-2/1099-MISC	ı	from the	
		related	tee or	stee			in Safe		(W-2/1099-MISC)	(organizatı	
		organizations	E ST	nal tr		g S	E .	l				and relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganizatio	ns
		"ile)	를	Ē	<u></u> 5	≅	불등	Ē					
			ł	}									
		 		 		ļ	├	├	 -				
		ļ		ļ	1	}	1	ļ					
		 	-	-	-	 -	╁╌	-	 				
			ĺ	ļ		l		ł					
				<u> </u>									
			<u>L</u>		L.		_						
				1		Ì	1	1			٠,		
		<u> </u>	 	ļ	<u> </u>		 	<u> </u>					
		ļ	ł		ĺ	}	}	l			}		
			├	\vdash	 	-	┼—	┝	 				
			1		ļ			}					
			\vdash	\vdash	\vdash		\vdash	╁┈			_		
			1										
		<u> </u>	Ĺ	L.	<u> </u>	L		_	ļ		-		
	Sub-total								0.		0.		0.
	Total from continuation sheets to Part V	II, Section A							0.		0.		0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to th		Linto	ad a	hov	·	bo r	0.	L	0.		<u> </u>
2	compensation from the organization	iot iiimted to ti	1026	1150	ou a	DUV	e) w	IIO I	eceived more triair proc	,000 of reportable			0
	on gamzator,											Yes	No
3	Did the organization list any former officer,	, director, or tru	uste	e, ke	y er	npk	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	such individual										3	X
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atioi	n an	d ot	her compensation from	the organization			٠.
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete :	Sch	edul	e J	for such individual		<u> </u>	4	X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		-	2
	rendered to the organization? If "Yes," com	nplete Schedul	e J	for s	uch	per	son					5	<u> </u>
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mnaneated in	den	ond:	nt c	·On+	ract	oro i	that recoved more than	\$100,000 of com	ancat.	on from	
'	the organization Report compensation for										renoali	311 11 0111	
	(A)	Janoniour y	-41	2	· · · · ·		J. 1		(B)	·		(C)	
	Name and business	address	N	ON	E				Description of s	services	Con	peńsatioi	1
									<u> </u>		-		
										ļ			
									<u> </u>				
2	Total number of independent contractors (ot I	ımıte	d to		_	ste	d above) who received r	nore than			
	\$100,000 of compensation from the organ	ization 📂					0_					000 /	

Form 990 (2017) PREA Foundation, Inc.
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					1 0,12 0,1
la u		Membership dues	1b					
E,		Fundraising events	1c					
# F		Related organizations	1d					
S, C		Government grants (contributio						
Sign	f	All other contributions, gifts, grants				ļ		
돌		similar amounts not included above		955,750.				
12 <u>4</u>	q	Noncash contributions included in lines 1s			')		ľ
Contributions, Gifts, Grants and Other Similar Amounts	_	Total_Add lines 1a-1f		—	8,955,750.			
				Business Code				
8	2 a							
ه څ	b							
Program Service Revenue	С			L				
e Z	d							
9 P	е							
۱ ۵	f	All other program service reven	ue					
	9	Total. Add lines 2a-2f						
ļ	3	Investment income (including d	ıvıdends, ınter	est, and				1 500
		other similar amounts)		.	1,689.			1,689.
1	4	Income from investment of tax-	exempt bond p	proceeds				
l	5	Royalties		<u> </u>				
]	_	-	(ı) Real	(II) Personal				
	6 a) -						ŧ
		Less rental expenses						
		Rental income or (loss) Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(II) Other				1
	, a	assets other than inventory	(i) Securities	(ii) Other				
]	h	Less: cost or other basis						,
l	-	and sales expenses					1	
	С	Gain or (loss)						
1		Net gain or (loss)		•	1	ĺ		
une		Gross income from fundraising including \$						
Ş.		contributions reported on line 1	of					
Other Reve		Part IV, line 18	c, cee a					
E	b	Less direct expenses	b					
Ò		Net income or (loss) from fundra			1			
		Gross income from gaming acti	•					
)		Part IV, line 19	а					
	b	Less direct expenses	b			}		
	С	Net income or (loss) from gamir	ng activities	>		ļ		
Ì	10 a	Gross sales of inventory, less re	eturns					
ļ		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory					
ļ		Miscellaneous Revenue		Business Code				
	11 a							
1	b						<u> </u>	
Į	С				_			
1	d			L			ļ <u> </u>	
}		Total. Add lines 11a-11d		>	0.55			4 555
	12	Total revenue. See instructions.			8,957,439.	0.	<u> </u>	1,689.

section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A)	<u> </u>
Do n	not include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	980,000.	980,000.		
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		i e		
	individuals See Part IV, lines 15 and 16				····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4		
_	trustees, and key employees				
6	Compensation not included above, to disqualified	Ì			
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	0.5			
13	Office expenses	25.		25.	
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				·
а					<u> </u>
b					
c					
d	All other avenues				
e	All other expenses	980,025.	980 000	25.	0.
<u>25</u> 26	Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization	300,043.	980,000.	۷۵۰	<u>0.</u>
40	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	ļ		1	
	2	Savings and temporary cash investments	ļ		_2	2,160,414.
	3	Pledges and grants receivable, net			3	6,547,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	rmer officers, directors,			
		trustees, key employees, and highest compensa	ated employees Complete			
		Part II of Schedule L			5	<u> </u>
	6	Loans and other receivables from other disqualit	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
sts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net]		7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other				ĭ
		basis Complete Part VI of Schedule D	10a	et 3-et a		,
	b	Less. accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		·	11	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line	- <u> </u>	13		
	14	Intangible assets	į		14	
	15	Other assets See Part IV, line 11	`		15	
	16_	Total assets. Add lines 1 through 15 (must equal	al line 34)	0.	_16	8,707,414.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	730,000.	
	19	Deferred revenue	į		19	
	20	Tax-exempt bond liabilities		·····	20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
တ္တ	22	Loans and other payables to current and former	officers, directors, trustees,	*		. **
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
jap		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of]	
		Schedule D	ļ		25	
	26_	Total liabilities. Add lines 17 through 25		0.	26	730,000.
i		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 and	d 34.			į
auc	27	Unrestricted net assets	Ì		27	1,099,614.
3aj	28	Temporarily restricted net assets			28	6,877,800.
Net Assets or Fund Balances	29	Permanently restricted net assets			29	<u></u>
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			:
ō		and complete lines 30 through 34.			_	
ets	30	Capital stock or trust principal, or current funds		30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
et,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
ž	33	Total net assets or fund balances		0.	33	7,977,414.
	34	Total liabilities and net assets/fund balances		0.	34	8,707,414.

	1990 (2017) PREA Foundation, Inc.	82-	1060870	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,95	7,4	39.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	98	0,0	25.			
3	Revenue less expenses Subtract line 2 from line 1	3	7,97					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7,97	7.4	14.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			,			
	separate basis, consolidated basis, or both		•					
	Separate basis Consolidated basis Both consolidated and separate basis				,			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audıt,			i			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	dit		X			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization Employer identification number 82-1060870 PREA Foundation, Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 university 10 l An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (vi) Amount of other (I) Name of supported (ii) EIN (v) Amount of monetary in your governing docume (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 PREA Foundation, Inc. 82-10608 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")	:	j		1	8955750.	8955750.
2	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to				[l	
	or expended on its behalf						
3	The value of services or facilities			<u> </u>			
	furnished by a governmental unit to	ı	ļ		1		
	the organization without charge						
4	Total. Add lines 1 through 3	 				8955750.	8955750.
5	The portion of total contributions			<u> </u>	 	0300.031	
·	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,		İ				ı
	column (f)						3167024.
6	Public support. Subtract line 5 from line 4		 	 	 		5788726.
	etion B. Total Support				'	<u></u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	<u>(u) 2010</u>	(5) 2014	(0) 2010	(4) 2010	8955750.	8955750.
8	Gross income from interest,				 	05337301	03337301
Ü	dividends, payments received on	l	ļ				
	securities loans, rents, royalties,	1	1			1	
	and income from similar sources		ł			1,689.	1,689.
9	Net income from unrelated business		-	 	 	1,0051	1/0050
9	activities, whether or not the		İ				
	business is regularly carried on	}				}	
10	Other income Do not include gain		 			 	
10	or loss from the sale of capital	I	}	į			
	assets (Explain in Part VI)	1	ļ				
11	Total support. Add lines 7 through 10	 	 		 	 	8957439.
	Gross receipts from related activities,	etc (see instruct	ions)	. l	<u> </u>	12	055,1550
	First five years. If the Form 990 is for	•	•	ird fourth or fifth t	ax vear as a secti		
	organization, check this box and stor	=	o mot, dodono, un	a, router, or mare	ax your as a soon	011 00 1(0)(0)	$\triangleright X$
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	%
	Public support percentage from 2016		•	(//		15	%
	33 1/3% support test - 2017. If the o			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies	-				,	ightharpoons
b	33 1/3% support test - 2016. If the o		-		d line 15 is 33 1/3	% or more, check to	his box
	and stop here. The organization qual	-					▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a. or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•		▶□
F	10% -facts-and-circumstances tes	=			-	17a, and line 15 is	10% or
-	more, and if the organization meets the	-	-				
	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization		_	•	• • •	•	ns 🖟

Schedule A (Form 990 or 990-EZ) 2017 PREA Foundation, Inc.

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			i		l I	/
	ınclude any "unusual grants.")			_			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	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)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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				 	 	
11	e Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1.				
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)		<u> </u>		<u></u>		
14	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	, , , , , , , , , , , , , , , , , , ,					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) d	livided by line 13, o	column (f))		15	
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from:	2016 Schedule A,	Part III, line 17			18	%
192	a 33 1/3% support tests - 2017. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶ □.
Ł	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						_
	 						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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)

г		Yes	No
	1		
1			
-			
-	2		
	3a		
ſ			
	01-		
1	<u>3b</u>		
	3c		
1			}
}	4a	 -	
Į	4b		
- 1			ļ
	4c		
ſ			
1			
ļ	5a_		
ł	_5b	-	
	5c	 	
		1	
	6		
	7	<u> </u>	<u> </u>
			1
	8	 -	
	9a	ļ	
	9b	†	
	9c	1	
	40-		
	10a	\vdash	†
	10b		
າ 9	90 or 9	90-EZ	2) 2017

Sche	dule A (Form 990 or 990 EZ) 2017 PREA Foundation, Inc.	82-106087	'0 Pa	ge 5
Pai	1 IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1 1	
	below, the governing body of a supported organization?	<u>11a</u>	1	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
<u>Sec</u>	tion B. Type I Supporting Organizations		~	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ì	1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}	1 1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	ı
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
<u>Sec</u>	tion C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ĭ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	L
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	į		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	_	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	Ì		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	j		1
	supported organizations played in this regard	3_	.↓	<u>. </u>
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in	structions).		
а	The organization satisfied the Activities Test, Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instruction		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Ì	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	†	1	1
	that these activities constituted substantially all of its activities.	2a	-	ـــ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	_2b	_	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas." describe in Part VII the role played by the organization in this regard	26	1	1

Sche	dule A (Form 990 or 990 EZ) 2017 PREA Foundation, Inc.			32-1060870 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on i	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1.1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509			2-1060870 Page 7
	on D - Distributions	lation authoriting Orga	inzanons (conunced)	Current Year
	Amounts paid to supported organizations to accomplish exe	mnt purposes		Ounent real
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013	~		
С	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
_	Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2017 distributable amount	<u> </u>		
	Remainder Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if	<u> </u>		
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	111 201		
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			
-	and 4c.			
8	Breakdown of line 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Part VI	Supplemental Information Provide the explanations required by Part II line 10. Part II line 173 or 17b; Part III	lung 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 I 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, I 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	V, Section C, ine 1e. Part V.
	(See instructions)	
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
		
<u></u>		
	•	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047_ Open to Public Inspection

Name of the organization

Employer identification number 02 1060070

Schedule D (Form 990) 2017

Pa	rt I Organizations Maintaining Donor Advised		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	ivisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Pai	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing consei	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	on easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	`````
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	· ·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	e organization's accounting for
D-	conservation easements	A 1 15-4 1 T	Oi siles Accede
Pa	rt III Organizations Maintaining Collections of	•	ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describ		
b			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

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

		undation, 1					<u>82-10</u>			<u>e 2</u>
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historica	Treasures, o	r Othe	r Simila	ar Asset	S(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of	the following that	t are a sig	ınıfıcant ı	use of its c	ollection	ıtems	
	(check all that apply)									
а	Public exhibition	d	Loan or	exchange progra	ıms					
b	Scholarly research	e								
С	Preservation for future generations		_							
4	Provide a description of the organization's co	ollections and explain	how they furtl	ner the organization	on's exem	npt purpo	se in Part	XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical	treasures, or other	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization	's collection?				Yes		No_
Pa	t IV Escrow and Custodial Arran	gements. Comple	te if the organi	zation answered "	'Yes" on I	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contrib	utions or other as	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow	or custodial acco	unt liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" o	on Form 990, Part	IV, line 1	0				
		(a) Current year	(b) Prior yea	ır (c) Two year	s back (d) Three y	ears back	(e) Four	years ba	<u>ack</u>
1a	Beginning of year balance					r				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				-			ĺ		
	and programs	·								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, colui	nn (a)) held as						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and administe	red for th	e organi	zation	r		
	by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(iı)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedul	e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or of		Cost or other	1-7	cumulate		(d) Bool	k value	
		basis (investri	nent) b	asıs (other)	dep	reciation	<u> </u>			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	<u> </u>								
	Other									
Tata	Add lines 1a through 1a (Column (d) must a	aual Form OOA Dow	V 20/11mm /D1	line 100 l						13

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ▼

(6) (7) (8) (9)

Schedule D (Form 990) 2017 PREA Foundation, Inc. 82-1060870 Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a
1 Total revenue, gains, and other support per audited financial statements 1 9,085,326
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.
a Net unrealized gains (losses) on investments
b Donated services and use of facilities 2b 127,887.
c Recoveries of prior year grants
d Other (Describe in Part XIII.)
e Add lines 2a through 2d 2e 127, 887
3 Subtract line 2e from line 1 3 8,957,439
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII)
c Add lines 4a and 4b
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 8,957,439
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements 1 1,107,912
2 Amounts included on line 1 but not on Form 990, Part IX, line 25
a Donated services and use of facilities 2a 127,887.
b Prior year adjustments 2b
c Other losses 2c
d Other (Describe in Part XIII.)
e Add lines 2a through 2d 2e 127, 88.
3 Subtract line 2e from line 1 3 980, 025
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.
a Investment expenses not included on Form 990, Part VIII, line 7b
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 980,025
Part XIII Supplemental Information.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information
illies 20 and 40, and Fait An, lines 20 and 40. Also complete this part to provide any additional information
Part X, Line 2:
The Foundation reviews and assesses all activities annually to identify
and realizable reviews and assesses are decryrers annually so racingly
any changes in the scope of the activities and revenue sources and the tax
any onengos an one soope of the doctribles and forende sources and the
treatment thereof to identify any uncertainty in income tax. For the year
eredemente enereda de recentary un directedante, in income curve rel ene year
ended December 31, 2017, management did not identify any uncertainty in
ciaca becomber 31, 2017, management and not identify any directedinty in
income tax requiring recognition or disclosure in the financial
income cax requiring recognition or discrosure in the imanciar
statements.
Scacemencs.

2 | Schedule I (Form 990) (2017) Employer identification number 82-1060870 Open to Public OMB No 1545-0047 Inspection 2017 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any See Part IV 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. (f) Method of Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed See Part IV for Column (h) descriptions (d) Amount of 000 086 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) Enter total number of other organizations listed in the line 1 table Inc. 13-2578670 General Information on Grants and Assistance PREA Foundation, (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Opportunity, Inc. - 55 Exchange Place - New York, NY 10005 Sponsors for Educational or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part II

Page 2 (f) Description of noncash assistance 82-1060870 (e) Method of valuation (book, FMV, appraisal, other) The Foundation makes grant awards to public charities upon review of grant reports from grantees to confirm that the funds donated are being used in Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. proposals that sufficiently demonstrate the intended use of the funds to Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed The Foundation reviews periodic the manner described and consistent with the Foundation's mission. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Inc. support real-estate related programs. PREA Foundation, Part II, line 1, Column (h): (a) Type of grant or assistance Schedule I (Form 990) (2017) Part I, Line 2 Part III

Schedule I (Form 990) (2017)

Name of Organization or Government:

732102 11-01-17

Schedule (Form 990) PREA Foundation, Inc.	82-1060870 Page 2
Part IV Supplemental Information	
Sponsors for Educational Opportunity, Inc.	
(h) Purpose of Grant or Assistance: To fund the creation	n and promotion
of an industry-wide education and internship program to	help achieve
diversity in the real estate industry.	
	· · · · · · · · · · · · · · · · · · ·
•	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Employer identification number 82-1060870
ng but formal
As a newly formed
ing and adopting
Real Estate
n. Such review
rom the
cial statement
al information
accuracy and
eview of any such
<u> </u>
s contribution
ary Board

members.