PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 116295 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	For the	2023 calendar year, or tax year beginning	and	d ending									
	Check if applicable	C Name of organization		_	D Employer	identific	cation num	ber					
Г	Addres	DRAPER RICHARDS KAPLAN FOUNDATION	Ī										
F	Name change	5			91-2:	172351							
F	Initial	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone number								
F	Final return/	1600 EL CAMINO REAL	,	155		9-7808							
	termin ated		ZIP or foreign postal code	•	G Gross receipt	s \$	2	27,47	1,927.				
	Ameno		• .		H(a) Is this a	group re	eturn						
	Application	F Name and address of principal officer: William	IAM H. DRAPER, III		for subc	ordinates	?	Yes [X No				
	pendin	SAME AS C ABOVE			H(b) Are all sub	ordinates ir	ncluded?	Yes [No				
1	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. See ins	tructio	ns				
J١	Websit	e: WWW.DRKFOUNDATION.ORG			H(c) Group e	xemptio	n number						
		organization: X Corporation Trust As	sociation Other	L Year	of formation: 20	001 N	I State of leg	al domi	icile: CA				
Pa	art I	Summary											
ø	1	Briefly describe the organization's mission or most		ND, FUND A	AND SUPPORT								
ĕ		EXCEPTIONAL, HIGH IMPACT SOCIAL ENTER	PRISES.										
& Governance	2	eck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ŏ	3	Number of voting members of the governing body							4				
ه 0	4	Number of independent voting members of the gov							3				
ies	5	Total number of individuals employed in calendar y							42				
Activities	6	Total number of volunteers (estimate if necessary)							5				
Act	7 a	Total unrelated business revenue from Part VIII, col							0.				
	l b	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····	Prior Yea		Curre	ent Ye					
		Contributions and grants (Part VIII line 1h)				3,901.			8,796.				
ne	1	D ' 'D 'L\''' 'C \			,12	0.	_	. 2 , 2 1	0,730.				
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4,	and 7d\			0.			1,244.				
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1 95	6,187.			5,422.				
	1	Total revenue - add lines 8 through 11 (must equal				0,088.	1		2,974.				
		Grants and similar amounts paid (Part IX, column (0,000.			0,000.				
	1	Benefits paid to or for members (Part IX, column (A			1,84								
'n	45	Salaries, other compensation, employee benefits (F			5,03	7,850,14							
se	16a	Professional fundraising fees (Part IX, column (A), li		-	. 0								
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			4,71	4,492.		5,73	0,412.				
		Total expenses. Add lines 13-17 (must equal Part I)			15,08	9,762.	1	L7,88	0,558.				
		Revenue less expenses. Subtract line 18 from line	12		-4,00	9,674.	-	-5,51	7,584.				
t Assets or	3			Ве	ginning of Curre	nt Year		of Yea					
sets	20	Total assets (Part X, line 16)				8,455.	4		8,116.				
t As						1,166.			4,637.				
<u>Z</u> .		Net assets or fund balances. Subtract line 21 from	line 20		45,22	7,289.	4	10,91	3,479.				
	art II	Signature Block											
		Ities of perjury, I declare that I have examined this return,				-	/ knowledge a	ind belie	et, it is				
rue	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowied	ige.							
>:	_	Signature of officer			I Date								
Sig		JAMES BILDNER, CHIEF EXECUTIVE OFFICER	2		Duto								
Her	е	Type or print name and title	in the state of th										
		Print/Type preparer's name	Dranarar' / cianatura	Ti	Date	Check	PTIN						
aio	1	MAGA E. KISRIEV	Preparer'y signature	I	11/08/2024	if self-employ							
	parer	Firm's name HOOD & STRONG LLP	<i>y</i> . <i>y</i> .				94-125475						
	Only	Firm's address 2580 N 1ST ST, STE 460	Firm's EIN 94-1254756										
	J,	SAN JOSE, CA 95131			Phon	e no 408	.998.8400)					
Mav	/ the IF	RS discuss this return with the preparer shown about	ve? See instructions		11 11011		ХУ		No				

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electroni	c filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to f	ile any of t	the forms						
listed belo	ow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension						
request fo	or Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form						
8868, visi	t www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.									
Caution:	f you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE f	or payment					
instructio	ns.										
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.								
Part I - Id	lentification										
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	ridentification nu	mber (TIN)					
Print											
	DRAPER RICHARDS KAPLAN FOUNDATION 91-2172351										
File by the due date for filing your	e for Number, street, and room or suite no. If a P.O. box, see instructions.										
return. See											
instructions.	City, town or post office, state, and ZIP code. For a form MENLO PARK, CA 94025	reign addi	ress, see instructions.								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01					
Applicati	on Is For	Return	Application Is For			Return					
		Code				Code					
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09					
Form 472	0 (individual)	03	Form 5227			10					
Form 990	-PF	04	Form 6069			11					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12					
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13					
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14					
Form 104	1-A	08									
• After yo	ou enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	nly for an	extension of						
time to fil	e Form 5330.										
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.								
Pla	n Name										
Pla	n Number										
Pla	n Year Ending (MM/DD/YYYY)										
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)								
The bo	poks are in the care of MARY LACHNIT										
		EAL, S	SUITE 155 - MENLO P	ARK,	CA 94025						
Teleph	one No. (650) - 319 - 7808		Fax No.								
• If the o	organization does not have an office or place of business	in the Uni	ited States, check this box								
If this	s for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN) I	f this is fo	r the whole grou	o, check this					
box	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension	is for.					
1 I re	quest an automatic 6-month extension of time until	OVEMBI	$\Xi R = 15$, 20 $= 24$, to file	the exem	npt organization i	eturn for					
the	organization named above. The extension is for the organization	anization's	return for:								
X	calendar year 20 23 or										
	tax year beginning	, 20 _	, and ending			, 20					
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n						
	Change in accounting period										
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	_		Λ					
	nonrefundable credits. See instructions.			3a	\$	0.					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					Λ					
	mated tax payments made. Include any prior year overp			3b	\$	0.					
	ance due. Subtract line 3b from line 3a. Include your pa			0 -		0.					
	ng EFTPS (Electronic Federal Tax Payment System). See		IIS.	3c	\$ Form 9969	(Rev. 1-2024)					
i oi Etiva	cy Act and Paperwork Reduction Act Notice, see inst	. นบเเบทร.			FUIIII 0008	(176v. 1-2024)					

LHA 323841 12-22-23

91-2172351

га	otatement of Frogram service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE DRAPER RICHARDS KAPLAN FOUNDATION IS A GLOBAL VENTURE PHILANTHROPY	
	FIRM SUPPORTING EARLY STAGE, HIGH IMPACT SOCIAL ENTERPRISES. WE	
	BELIEVE THAT WITH EARLY FUNDING AND RIGOROUS SUPPORT, EXCEPTIONAL	
	LEADERS, TACKLING SOME OF SOCIETY'S MOST COMPLEX PROBLEMS, CAN MAKE	
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.	
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 l	ov expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	experiece, and
40	4 200 000	0.
4a	IN 2023, THE FOUNDATION FUNDED 49 SOCIAL IMPACT ORGANIZATIONS CREATING	
	SOCIAL CHANGE AROUND THE GLOBE THROUGH UNRESTRICTED GRANTS.	
4b	(Code:) (Expenses \$9,781,548. including grants of \$0.) (Revenue \$	0.
TIJ	THE FOUNDATION PROVIDES EACH PORTFOLIO ORGANIZATION WITH SIGNIFICANT	
	HUMAN AND OTHER SUPPORT SERVICES INCLUDING BOARD SERVICE, STRATEGIC AND	
	OPERATING SUPPORT, FINANCIAL, ORGANIZATIONAL, GOVERNANCE AND LEADERSHIP	
	TRAINING THROUGHOUT THE FOUNDATION'S THREE-YEAR COMMITMENT TO EACH	
	ORGANIZATION AS WELL AS A COMMUNITY NETWORK. BETWEEN INCEPTION AND	
	DECEMBER 31, 2023, DRK HAS FUNDED AND SUPPORTED 237 SOCIAL IMPACT	
	ORGANIZATIONS AROUND THE GLOBE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 14,081,548.	

Form 990 (2023) DRAPER RICHARDS KAPLAN FOUNDATION 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)?		77	
	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	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		Х
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,	l	7.7	
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		_v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Λ	
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	3		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		_ A
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	х	_ A
	Did the organization maintain an office, employees, or agents outside of the United States?	148	- 11	
D	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			
	, 1 0	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′−		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	40		x
20-	complete Schedule G, Part III	202		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4	

Form 990 (2023) DRAPER RICHARDS KAPLAN FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	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		
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		Х
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		Х
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% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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			
0.	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

91-2172351

023) DRAPER RICHARDS KAPLAN FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42	-	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1	х	
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes." enter the name of the foreign country NETHERLANDS	4a	Λ	
D	If "Yes," enter the name of the foreign country NETHERLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
b	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		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	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	<u>.</u>		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
	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.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	41	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
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 filedCA,CO,CT,FL,GA,IL,KS,MA,MI,NJ,NY,OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	MARY LACHNIT - (650)-319-7808			
	1600 EL CAMINO REAL, SUITE 155, MENLO PARK, CA 94025			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 no (A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than or			than o	one	Reportable	Reportable	Estimated
	hours per week		ox, unless person is both an officer and a director/trustee)			compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		a.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional t		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES M BILDNER	50.00		_							
CEO & BOARD MEMBER	2.00	Х		Х				505,200.	0.	103,535.
(2) ANIKA WARREN	50.00									
OPERATING PTR, CHIEF ORG EFF OFFICER	0.00					Х		321,200.	0.	100,535.
(3) ZERYN SARPANGAL	50.00									
CFO, CAO	2.00			Х				321,845.	0.	98,564.
(4) NANCY HUANG	50.00									
CHIEF OF STAFF, TREASURER	0.00			Х				282,064.	0.	65,056.
(5) LARA METCALF	50.00									
SENIOR MANAGING DIRECTOR	0.00					Х		291,849.	0.	27,213.
(6) HOLLY KUZMICH	50.00								_	
MANAGING DIRECTOR	0.00					Х		251,200.	0.	67,860.
(7) MARGO DRAKOS	50.00							025 265	_	E0 064
MANAGING DIRECTOR (8) OLIVER ROTHSCHILD	0.00					Х		235,367.	0.	79,264.
(8) OLIVER ROTHSCHILD MANAGING DIRECTOR	0.00					X		236,113.	0.	50,824.
(9) WILLIAM H. DRAPER III	8.00					^		230,113.	0.	30,024.
CO-CHAIR		х						0.	0.	0.
(10) ROBIN RICHARDS DONOHOE	8.00							•	•	•
CO-CHAIR	0.00	х						0.	0.	0.
(11) ROBERT S. KAPLAN	8.00									
CO-CHAIR	0.00	х						0.	0.	0.
						_	_			
						_				
										- OOO (0000)

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Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>jH t</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio	n	ar	nount	of
		week		Cer ai	lu a u	recid	Tritus	iee)	from	from related			other	
		(list any hours for	lirecto						the organization	organizations (W-2/1099-MIS		l	pensa om th	
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	C/	l	anizat	
		organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		ı ~	d relat	
		below	Individual trustee or director	Institutional trustee	ъ	Key employee	est co	Je	, ,			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
1b	Subtotal								2,444,838.		0.		592,	851.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								2,444,838.		0.		592,	851.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	!			
	compensation from the organization													23
											1		Yes	No
3	Did the organization list any former officer	•		•	•	•		_		•				.,,
_	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su											_	v	
_	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				•			· ·	dual for services		_		v
Soc	rendered to the organization? f "Yes," continue R. Indonendont Contractors	<u>nplete Schedule</u>	e J f	or st	ıch i	oers	on .				·	5		Х
	tion B. Independent Contractors								t t t t	100 000 - 1				
1	Complete this table for your five highest co										ensa	tion tro	om	
	the organization. Report compensation for	the calendar ye	eare	enair	ıg w	ith C	or wi	tnin		ear.				
	(A) Name and business	address							(B) Description of s	ervices	C)) ompe		n
MYA	IMIA SERVICES LTD								MANAGING DIR, ASSO			,00		
	BOX 96-00606, NAIROBI, KENYA 00	606						- 1	SERVICES	, <i></i>			457	985.
	FOR SOCIAL CHANGE, FREDERIK							\dashv					,	
	PRIKLAAN 26, THE HAGUE, NETHERLAN	DS						l	MANAGING DIRECTOR	SERVICES			273	284.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2023)
Part VIII

Statement of Revenue

		Check if Schedule O	contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ဇ် ဋ		Fundraising events		1c					
fts, r A		Related organizations		1d					
ië ië		Government grants (contri		1e					
Sin		All other contributions, gifts,							
e E	'			1 1	12,218,796.				
έĐ	_	similar amounts not included		1f	12,210,750.				
	g		lines 1a-1f	1g \$		12,218,796.			
O a	n	Total. Add lines 1a-1f			Business Code	12,210,750.			
	_				Business Code				
<u>ic</u>	2 a								
er v	b								
n Si	С								
a Sev	d								
Program Service Revenue	е								
₫	f	All other program service	revenue .						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ling divide	nds, intere	st, and				
		other similar amounts)				1,219,807.			1,219,807.
	4	Income from investment of	f tax-exen	npt bond p	roceeds				
	5	Royalties							
				i) Real	(ii) Personal				
	6 a	Gross rents	6a	225,422.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6c	225,422.					
	d	Net rental income or (loss)				225,422.			225,422.
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
		assets other than inventory	7a 13,	507,635.	300,267.				
	b	Less: cost or other basis	,	· ·	,				
ō	-	and sales expenses	7b 14.	635.821.	473,132.				
Revenue	c	Gain or (loss)	7c -1	128 186.	-172.865.				
ě		Net gain or (loss)				-1,301,051.			-1,301,051.
푸		Gross income from fundraising							
)ther	o a		•						
0		contributions reported on							
		Part IV, line 18	,						
	h	Less: direct expenses							
		Net income or (loss) from to Gross income from gamin							
	o d								
		Part IV, line 19		I					
		Less: direct expenses							
		Net income or (loss) from			<u> </u>				
	то а	Gross sales of inventory, le							
		and allowances		I					
		Less: cost of goods sold			•				
\rightarrow	С	Net income or (loss) from	sales of in	ventory					
<u>s</u>					Business Code				
e e	11 a								
Miscellaneous Revenue	b								
Sel Sev	С								
Mis		All other revenue							
\perp	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			12,362,974.	0.	0.	144,178.

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Part IX | Statement of Functional Expenses

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

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a respons			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,650,000.	3,650,000.		
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				
	individuals. See Part IV, lines 15 and 16	650,000.	650,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,109,109.	498,142.	399,016.	211,951.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,566,708.	3,388,116.	926,707.	251,885.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	552,000.	378,727.	128,215.	45,058.
9	Other employee benefits	1,239,579.	792,204.	361,736.	85,639.
10	Payroll taxes	382,750.	262,787.	88,673.	31,290.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	34,616.	26,225.	8,391.	
С	Accounting	85,478.		85,478.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	93,666.		93,666.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,255,362.	972,756.	86,817.	195,789.
12	Advertising and promotion	38,100.		38,100.	
13	Office expenses	144,571.	93,390.	41,151.	10,030.
14	Information technology	47,295.	28,693.	13,625.	4,977.
15	Royalties				
16	Occupancy	929,726.	587,839.	279,125.	62,762.
17	Travel	433,011.	360,264.	51,028.	21,719.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,019.	22,891.	2,312.	816.
20	Interest				
21	Payments to affiliates	2 222		0.011	4= =
22	Depreciation, depletion, and amortization	9,696.	6,130.	2,911.	655.
23	Insurance	52,658.	33,294.	15,809.	3,555.
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),				
а	amount, list line 24e expenses on Schedule 0.) ENTREPRENEURIAL EXP.	1,128,310.	1,128,310.		
a b	PRI PROVISION	966,674.	966,674.		
0	DONOR EVENTS	161,765.	200,072		161,765.
d	SOFTWARE, SUBSCRIPTIONS	158,481.	119,428.	31,462.	7,591.
	· · · ·	164,984.	115,678.	37,955.	11,351.
e 25	Total functional expenses. Add lines 1 through 24e	17,880,558.	14,081,548.	2,692,177.	1,106,833.
<u>25</u> 26	Joint costs. Complete this line only if the organization	, ,	,,,	-, -, -, -, -, -,	-,200,000.
20	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 (2022)

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

Pai	<u>t X</u>	Balance Sheet						
		Check if Schedule O contains a response or	note to	any l	ne in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				2,781,550.	1	1,984,318.
	2	Savings and temporary cash investments				153,380.	2	11,120,622.
	3	Pledges and grants receivable, net		10,585,135.	3	8,968,572.		
	4	Accounts receivable, net		4				
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ubstantia	al cor	tributor, or 35%			
		controlled entity or family member of any of t		5				
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons descri	ibed in s	ectic	n 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Duran side and a second all forms of all and a				215,590.	9	168,623.
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10	а	164,287.			
	b	Less: accumulated depreciation	10	b	149,784.	12,671.	10c	14,503.
	11	Investments - publicly traded securities		27,487,138.	11	14,946,835.		
	12	Investments - other securities. See Part IV, lir		328,226.	12	260,616.		
	13	Investments - program-related. See Part IV, li	4,693,597.	13	4,122,736.			
	14	Intangible assets	53,170.	14	0.			
	15	Other assets. See Part IV, line 11	2,127,998.	15	2,171,291.			
	16	Total assets. Add lines 1 through 15 (must e	48,438,455.	16	43,758,116.			
	17	Accounts payable and accrued expenses				994,331.	17	768,196.
	18	Grants payable	150,000.	18	0.			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Comple					21	
Ø	22	Loans and other payables to any current or for	ormer o	fficer	director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantia	al cor	tributor, or 35%			
abil		controlled entity or family member of any of t	these pe	rson	S		22	
ı	23	Secured mortgages and notes payable to un	related	third			23	
	24	Unsecured notes and loans payable to unrela	ated thi	d pa	ties		24	
	25	Other liabilities (including federal income tax,	, payabl	es to	related third			
		parties, and other liabilities not included on li	ines 17-	24). (Complete Part X			
		of Schedule D				2,066,835.	25	2,076,441.
	26	Total liabilities. Add lines 17 through 25				3,211,166.	26	2,844,637.
		Organizations that follow FASB ASC 958, or	check h	ere	X			
ses		and complete lines 27, 28, 32, and 33.						
<u>a</u>	27	Net assets without donor restrictions				31,485,459.	27	29,998,465.
Ва	28	Net assets with donor restrictions				13,741,830.	28	10,915,014.
pur		Organizations that do not follow FASB AS6	C 958, d	hec	here			
Ę		and complete lines 29 through 33.						
S	29	Capital stock or trust principal, or current fun	nds				29	
set	30	Paid-in or capital surplus, or land, building, o	r equipr	nent	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d incom	e, or	other funds		31	
Set	32	Total net assets or fund balances			L	45,227,289.	32	40,913,479.
	33	Total liabilities and net assets/fund balances				48,438,455.	33	43,758,116.

Form **990** (2023)

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant?	362, 880, 517, 227, 203,	558. 584. 289. 172. 602.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant?	880, 517, 227, 203,	558. 584. 289. 172. 602. 0. 479.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant?	880, 517, 227, 203,	558. 584. 289. 172. 602. 0. 479.
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	517, 227, 203,	584. 289. 172. 602. 0. 479.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	227, 203, 913,	289. 172. 602. 0. 479.
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Verical Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	913,	602. 0. 479.
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Unet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	913,	602.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 40, Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	913,	0. 479.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 40, Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	913,	0. 479.
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		479.
column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		
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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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
		Х
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?	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
Separate basis X Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		ı
review, or compilation of its financial statements and selection of an independent accountant?	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

DRAPER RICHARDS KAPLAN FOUNDATION 91-2172351 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.) 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,563,984.	14,545,455.	28,098,495.	9,123,901.	12,218,796.	73,550,631.
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	9,563,984.	14,545,455.	28,098,495.	9,123,901.	12,218,796.	73,550,631.
	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,648,596.
6	Public support. Subtract line 5 from line 4.						66,902,035.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	9,563,984.	14,545,455.	28,098,495.	9,123,901.	12,218,796.	73,550,631.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	861,612.	752,416.	863,438.	1,293,253.	1,445,229.	5,215,948.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,055.		-84.		971.
11	Total support. Add lines 7 through 10						78,767,550.
	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	84.94 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b,	, check this box ar	nd see instructions	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	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						
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
JD		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
JU		
9с		
10a		
 10b	- 000	0000

Pa	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	INO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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 integrated	d Type III supporting orga	nization (see
	inate actional	, 5	3 9-	`

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	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					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	S	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.			_		
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
c	From 2020					
<u>d</u>	From 2021					
е	From 2022					
f_	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years			_		
<u>h</u>	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$			_		
<u>a</u>	Applied to underdistributions of prior years			_		
<u>b</u>	Applied to 2023 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			_		
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
88	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
_	Excess from 2023					

Schedule A (Form 990) 2023

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
EXCISE TAX REFUND
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 1,055.
2021 AMOUNT: \$ 0.
2022 AMOUNT: \$ 0.
2023 AMOUNT: \$ 0.
REALIZED FOREIGN CURRENCY GAIN/(LOSS)
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 0.
2022 AMOUNT: \$ -84.
2023 AMOUNT: \$ 0.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

1	DRAPER RICHARDS KAPLAN FOUNDATION	91-2172351					
Organization type (chec	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	•					
Special Rules							
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one					
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (or (b) instead of the contributor name and address), II, and III.	cientific,					
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>					
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF illing requirements of Schedule B (Form 990).	•					
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)					

Name of organization	Employer identification number
DRAPER RICHARDS KAPLAN FOUNDATION	91-2172351

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$950,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DRAPER RICHARDS KAPLAN FOUNDATION

91-2172351

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$466,666. 	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.)

Name of organization

Employer identification number

DRAPER RICHARDS KAPLAN FOUNDATION

91-2172351

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Employer identification number

Name of organization

DRAPER RICHARDS KAPLAN FOUNDATION 91-2172351 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 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

DRAPER RICHARDS KAPLAN FOUNDATION

Employer identification number

91-2172351

Pa		ganizations Maintaining Donor Advise anization answered "Yes" on Form 990, Part IV, lin		r Funds or Ac	counts. Complete if the			
	org	anization answered fes on Form 990, Part IV, iii	(a) Donor advised fund	s ((b) Funds and other accounts			
4	Total numb	por at and of year	(a) Donor advisod fand	<u> </u>	by raines and other accounts			
1 2		per at end of yearvalue of contributions to (during year)						
3		value of grants from (during year)						
4		value at end of year						
5		ganization inform all donors and donor advisors in	writing that the assets held in de	onor advised fund	de .			
J	-	panization's property, subject to the organization's						
6		ganization inform all grantees, donors, and donor a						
Ū		ple purposes and not for the benefit of the donor o						
		• •		•				
Pai		nservation Easements. Complete if the or						
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
	Pres	ervation of land for public use (for example, recrea	tion or education) Pres	ervation of a histo	orically important land area			
	Prot	ection of natural habitat	Pres	ervation of a certi	fied historic structure			
	Pres	ervation of open space						
2		lines 2a through 2d if the organization held a qualit	fied conservation contribution ir	the form of a co				
	day of the	tax year.			Held at the End of the Tax Year			
а	Total numb	per of conservation easements			2a			
b	Total acrea	age restricted by conservation easements			2b			
С	Number of	conservation easements on a certified historic stru	ucture included on line 2a		2c			
d		conservation easements included on line 2c acqu						
		ic structure listed in the National Register			2d			
3	Number of	conservation easements modified, transferred, rel	eased, extinguished, or termina	ted by the organi	zation during the tax			
	year							
4		states where property subject to conservation eas						
5		organization have a written policy regarding the per		andling of				
	•	and enforcement of the conservation easements it						
6	Staff and v	rolunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservatio	n easements during the year			
7	Amount of	expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements during the year			
8	Does each	conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i))			
	and sectio	n 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII	, describe how the organization reports conservation	on easements in its revenue and	d expense statem	ent and			
		eet, and include, if applicable, the text of the footr	note to the organization's financ	ial statements tha	at describes the			
Pai	organization	on's accounting for conservation easements. ganizations Maintaining Collections of	Art. Historical Treasure	s or Other S	imilar Assets			
		mplete if the organization answered "Yes" on Form		, o, o. o	mai 7.000to			
1a		nization elected, as permitted under FASB ASC 95		atement and bala	ance sheet works			
	ū	prical treasures, or other similar assets held for put	·					
	,	ovide in Part XIII the text of the footnote to its finar	· · · · ·		·			
b	· ·	nization elected, as permitted under FASB ASC 95			sheet works of			
	_	cal treasures, or other similar assets held for public						
	provide the	e following amounts relating to these items.						
	•	ue included on Form 990, Part VIII, line 1			\$			
2	If the organ	nization received or held works of art, historical tre			provide			
	-	ng amounts required to be reported under FASB A						
а		ncluded on Form 990, Part VIII, line 1			\$			
b		luded in Form 990, Part X						

	dale B (1 01111 330) 2020	IARDS KAPLAN FO							1-217		Pa	age 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Othe	r Sin	nilar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make si	ignific	ant use	of its		-	
	collection items (check all that apply).											
а	Public exhibition	c	ı 🖂 ı	_oan or exc	hange progra	ım						
b	Scholarly research	e			0 1 0							
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	n how the	ev further th	ne organizatio	n's exer	not p	urpose i	n Part)	KIII.		
5	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma									Yes		No
Par	rt IV Escrow and Custodial Arrang								ırt IV lir			1110
	reported an amount on Form 990, Par		10 11 1110 1	organization	Tanowered	05 011	. 01111	000, 1 0	,	10 0, 01		
12	Is the organization an agent, trustee, custodia		diany for o	contribution	ne or other ass	eate not	inclu	ded				
ıa										Yes		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								∟] Tes] NO
D	ii res, explain the arrangement in Part XIII a	and complete the lo	llowing ta	abie.			Г			Amount		
	B						\vdash			Amount	•	
	Beginning balance						. –	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f		1		1
	Did the organization include an amount on Fo						ity?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Par	rt V Endowment Funds Complete if				1							
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) II	ree year	s back	(e) Four	years	oack_
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		%		•							
b	Permanent endowment	%	_									
С		<u></u> -										
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.										
За	Are there endowment funds not in the posses		ation that	are held ar	nd administer	ed for th	ne					
	organization by:						-			Γ	Yes	No
	(i) Unrelated organizations?									3a(i)		
										3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza									3b		
4	Describe in Part XIII the intended uses of the									_ OD _		
	rt VI Land, Buildings, and Equipm		WITHERIT IC	irius.								
	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X	line 1	0				
	· •	1		•	T T				Т	/d\ Dool		
	Description of property	(a) Cost or o			or other (other)		ccum precia	ulated		(d) Book	value	;
	Land	<u> </u>	nem)	Dasis	(GUIGI)	ue	Pi GCI	ALIOI I				—
	Land											
	Buildings				F4 044			44 404	+			
	Leasehold improvements				54,044.			44,438	_			606.
	Equipment				19,204.			18,020	_			184.
	Other				91,039.			87,326	_			713.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10	oc. column	(B))							503.
								0-1		D (Earm	000	2022

	(FUIII 990) 2023	
Dowt VIII	Invoctments	\sim

Part VII	Investments - Other Securities
----------	--------------------------------

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. line 12. col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM RELATED INVESTMENTS	4,122,736.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X line 13 col (R))	4 122 736.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SHORT TERM LEASE LIABILITY	751,151.
(3)	LONG TERM LEASE LIABILITY	1,097,602.
(4)	ACCRUED VACATION AND OTHER LIABILITIES	227,688.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, line 25, col. (B))	2,076,441.

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

Par	Reconciliation of Revenue per Audited Financial Sta		ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4. 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.5	
c	Add lines 4a and 4b			
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	atements With Fyner	5 Ises ner Return	
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, I		ises per rietarn	
			1	
1	Total expenses and losses per audited financial statements		·····	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20		
a	Donated services and use of facilities			
b	Prior year adjustments			
۲ C	Other losses Other (Describe in Part XIII.)			
d	•		20	
е 3	Add lines 2a through 2d			
4	Subtract line 2e from line 1 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	4a		
a b	Other (Describe in Part XIII.)			
C	A 1117		4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			
Pai	rt XIII Supplemental Information	16.,		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, line 2; Part XI,	,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, , , , , , , , , , , , , , , , , , , ,	
		•		
PART	YX, LINE 2:			
DRK	HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE		
INTE	RNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA F	EVENUE AND		
TAXA	TION CODE. EFFECTIVE JANUARY 1, 2019, DRK TRANSITIONED F	ROM A PRIVATE		
OPER	RATING FOUNDATION TO A PUBLIC CHARITY WITHIN THE MEANING	OF SECTION		
509(A) OF THE INTERNAL REVENUE CODE.			
MANA	GEMENT EVALUATED DRK'S TAX POSITIONS AND CONCLUDED THAT	DRK HAD		
MAIN	TAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN	TAX POSITIONS		
THAT	REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREF	ORE, NO		
PROV	ISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN	THE FINANCIAL		

STATEMENTS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

DRAPER RICHARDS KAPLAN FOUNDATION 91-2172351 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 0 PROGRAM SERVICES CONSULTANT SUPPORT 363,284. EUROPE (INCLUDING ICELAND & GREENLAND) 0 3 GRANTMAKING 300,000. EUROPE (INCLUDING ICELAND & GREENLAND) 0 3 PROGRAM RELATED INVESTMENTS 400,000. CONSULTANT SUPPORT. CONVENING WITH INTERNATIONAL DRK PORTFOLIO ORGANIZATIONS SUB-SAHARAN AFRICA 0 PROGRAM SERVICES 4 747,179. SUB-SAHARAN AFRICA 0 4 GRANTMAKING 200,000. SUB-SAHARAN AFRICA 0 PROGRAM RELATED INVESTMENTS 250,000. SOUTH ASIA 0 0 GRANTMAKING 150,000. 0 2,410,463. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a 0 2,410,463. and 3b)

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

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT					
			ORGANIZATION'S WORK					
			TO PROVIDE CHILD					
		SOUTH ASIA	SEXUAL ABUSE	100,000.	WIRE TRANSFER	0.		
			TO SUPPORT	,				
			ORGANIZATION'S WORK					
			TO ENSURE THAT					
		SOUTH ASIA	TEACHERS, ACADEMIC	50,000.	WIRE TRANSFER	0.		
			TO SUPPORT	,				
			ORGANIZATION'S WORK					
			IN PROVIDING					
		AFRICA	PRACTICAL SCIENCE	100,000.	WIRE TRANSFER	0.		
			TO SUPPORT	,				
		EUROPE (INCLUDING	ORGANIZATION'S WORK					
		ICELAND &	WITH PROVIDING DATA					
		GREENLAND)	ON HOW CORPORATE	50,000.	WIRE TRANSFER	0.		
			TO SUPPORT					
			ORGANIZATION'S WORK					
		SUB-SAHARAN	TO HELP ENSURE ALL					
		AFRICA	CHILDREN HAVE THE	100,000.	WIRE TRANSFER	0.		
			TO SUPPORT	,				
		EUROPE (INCLUDING	ORGANIZATION'S					
		ICELAND &	VENTURE PHILANTHROPY					
			FUNDING OF	250,000.	WIRE TRANSFER	0.		
				,				

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

0

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (D) DESCRIPTIONS

3 Enter total number of other organizations or entities

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

Part III can be duplicated if ac	dditional space is needed	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2023

Page 5

Part V | Supplemental Information

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

PART I, LINE 2:

A MEMBER OF THE DRK TEAM SITS ON THE BOARD OF THE GRANTEE ORGANIZATION

DURING THE 3-YEAR GRANT PERIOD. IN ADDITION, GRANTEE ORGANIZATIONS ARE

REQUIRED TO SUBMIT A PROGRESS REPORT WITH MILESTONES AND METRICS TO DRK

EVERY SIX MONTHS. THE PROGRESS REPORTS ARE REVIEWED BEFORE MAKING EACH

CONDITIONAL GRANT PAYMENT EVERY SIX MONTHS.

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT ORGANIZATION'S WORK TO PROVIDE CHILD

SEXUAL ABUSE PREVENTION AND INTERVENTION SERVICES FOR BOTH CHILDREN AND

ADULTS IN INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT ORGANIZATION'S WORK TO ENSURE THAT

TEACHERS, ACADEMIC MENTORS, SCHOOL LEADERS, AND OFFICIALS HAVE THE SKILLS

AND RESOURCES TO ENGAGE AND TEACH STUDENTS EFFECTIVELY IN CLASSROOMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT ORGANIZATION'S WORK IN PROVIDING

PRACTICAL SCIENCE EDUCATION AND SKILLS DEVELOPMENT IN THE MOST VULNERABLE

SCHOOLS AND COMMUNITIES, STARTING IN UGANDA.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO SUPPORT ORGANIZATION'S WORK WITH PROVIDING DATA

ON HOW CORPORATE INFLUENCE IS AFFECTING THE CLIMATE CRISIS TO LEADERS IN

FINANCE, BUSINESS, AND POLICYMAKING TO DRIVE MEANINGFUL POLICY CHANGE.

Page 5

	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of nvestments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
REGION: SU	B-SAHARAN AFRICA
(D) PURPOS	E OF GRANT: TO SUPPORT ORGANIZATION'S WORK TO HELP ENSURE ALL
CHILDREN H	AVE THE FOUNDATION TO SUCCEED WHILE CREATING EMPLOYMENT AND
SOCIAL ENT	ERPRISE OPPORTUNITIES AND STIMULATING ECONOMIC ACTIVITY IN THE
MOST UNDER	-RESOURCED COMMUNITIES IN SOUTH AFRICA.
REGION: EU	ROPE (INCLUDING ICELAND & GREENLAND)
(D) PURPOS	E OF GRANT: TO SUPPORT ORGANIZATION'S VENTURE PHILANTHROPY
FUNDING OF	EARLY-STAGE SOCIAL IMPACT ORGANIZATIONS SOLVING EUROPE'S
BIGGEST SO	CIAL AND ENVIRONMENTAL PROBLEMS USING BOLD, SCALABLE
APPROACHES	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification	
DRAPER RICHARI		DATION					91-21723	351
Part I General Information on Grants ar								
1 Does the organization maintain records to								
criteria used to award the grants or assis							X Yes	L No
2 Describe in Part IV the organization's pro						/ F 000 Dt	- N. Para Od. farrance	
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	. IV, line ≥ I, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	
AGGELERATION FOR AMERICA								
ACCELERATOR FOR AMERICA 970 S. VILLAGE OAKS DRIVE, SUITE 2								
COVINA, CA 91724	82-1702618	501(C)(3)	100,000.	0.			GENERAL OPERATING	SIIPPORT
	02 1702010	301(0)(3)	100,000.	0.			CENTRAL CLERKITING	DOTTORT
ACCESSOS								
1012 TORNEY AVENUE								
SAN FRANCISCO, CA 94129	84-2489856	501(C)(3)	100,000.	0.			GENERAL OPERATING	SUPPORT
AMANI GLOBAL WORKS								
8 WEST 126TH STREET								
NEW YORK, NY 10027	30-0603935	501(C)(3)	150,000.	0.			GENERAL OPERATING	SUPPORT
AMERICAN JOURNALISM PROJECT 6218 GEORGIA AVE NW STE 1 #599								
WASHINGTON, DC 20011	83-1772542	501(C)(3)	100,000.	0.			GENERAL OPERATING	SUPPORT
AMERICAN UNIVERSITY (PROJECT:								
POLARIZATION AND EXTREMISM								
RESEARCH INNOVATION LAB - 4400								
MASSACHUSETTS AVE NW - WASHINGTON,	53-0196549	501(C)(3)	100,000.	0.			GENERAL OPERATING	SUPPORT
BRILLIANT DETROIT 5675 LARKINS ST DETROIT MI 48210	47-3446334	501(C)(3)	100,000.	0.			GENERAL OPERATING	CIIDDODT
,				-			-L	43.
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-							0.
Litter total number of other organizations	noted in the line	ı .abıe						

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ago r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALCEF INNOVATIONS (PROJECT:							
ENERGY PEACE PARTNERS) - 436 14TH							
STREET SUITE 1220 - OAKLAND, CA							
94612	26-1339988	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CARINA							
215 COLUMBIA ST, SUITE 300							
SEATTLE, WA 98110	32-0530631	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
BEITTEE, WILL JOITE	32 0330031	301(3)(3)	200,000.	•			CENTRUM CLEMENTING BOLLOWI
CATCHLIGHT							
1150 25TH ST							
SAN FRANCISCO, CA 94107	27-1912845	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CHILD POVERTY ACTION LAB							
1808 S GOOD LATIMER EXPY							
DALLAS, TX 75226	47-3863079	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CITY BUREAU NFP							
6100 S BLACKSTONE AVE							
CHICAGO, IL 60637	81-1054499	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
COMMON GOAL USA							
195 PLYMOUTH ST UNIT 509							
BROOKLYN, NY 11201	30-0588283	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
				•			
CREATIVE KIDS							
504 W SAN FRANCISCO AVE.							
EL PASO, TX 79901	74-2910251	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
CULTURAL BROKERS							
2025 E. DAKOTA AVE							
FRESNO, CA 93726	45-5495386	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
DEFINE AMERICAN							
900 S SHELBY ST	46.4640.55	504 (5) (2)	100.000	_			
LOUISVILLE, KY 40203	46-4610491	por(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOLLAR FOR							
104 W 9TH STREET SUITE 205							
VANCOUVER, WA 98660	46-0889864	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
EDUCATIONSUPERHIGHWAY 101 CALIFORNIA ST STE 4100							
SAN FRANCISCO, CA 94111	45-5240576	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
EL PASO CENTER FOR DIABETES 3641 MATTOX ST.			50.000				
EL PASO, TX 79925	74-1759410	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ENTRYWAY 1921 GALLOWS RD, SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
FIRST PLACE FOR YOUTH 426 17TH STREET, SUITE 100							
OAKLAND, CA 94612	94-3341034	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FOR THE PEOPLE 1904 FRANKLIN STREET SUITE 205	83-3317244	E01/G)/2)	100,000.	0.			GENERAL OPERATING SUPPORT
OAKLAND, CA 94612	63-3317244	501(0)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
FORWARD IMPACT DBA REPRESENT JUSTICE - 777 S. ALAMEDA STREET -							
LOS ANGELES, CA 90021	83-1501685	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
GENERATION: YOU EMPLOYED 1200 19TH STREET NW							
WASHINGTON, DC 20036	47-1073442	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
HOUSING CONNECTOR 1301 5TH AVE SUITE 1500							
SEATTLE, WA 98101	84-2100263	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T age 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGINE WORLDWIDE							
350 JACKSON ST APT 401							
SAN FRANCISCO, CA 94111	82-0990106	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
INTELEHEALTH							
1014 W 36TH ST. UNIT #93							
BALTIMORE, MD 21211	81-2934607	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
JUST CAPITAL FOUNDATION							
44 EAST 30TH STREET							
NEW YORK, NY 10016	36-4764467	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NEW TORK, NI 10010	30 4704407	501(0)(3)	100,000.	٠.			GENERAL CIERATING BUTTORT
LABHYA FOUNDATION USA							
47 CROSS ST							
TOPSFIELD, MA 01983	88-1422512	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
,			, ,				
NEWS REVENUE HUB							
6322 LAKE SHORE DRIVE							
SAN DIEGO, CA 92119	82-1553008	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NORTH CAROLINA EDUCATION CORPS							
2409 CRABTREE BLVD SUITE 107							
ZOOM, NC 27610	86-2714571	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
OPEN SUPPLY HUB							
#1001 350 FAIRVIEW AVE. STE 108							
HUDSON, NY 12534	84-5010884	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
PFP							
P.O. BOX 470658							
BROOKLINE, MA 02447	47-4142897	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
DROOKDING, PA 0244/	47 4142037	501(0)(3)	100,000.	0.			PERSONAL OFFICE THE SUFFURI
PEREZ ART MUSEUM, MIAMI							
1103 BISCAYNE BOULEVARD							
MIAMI, FL 33132	59-2048869	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC RIGHTS PROJECT							
1721 BROADWAY SUITE 201							
OAKLAND, CA 94612	88-4139028	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
REBOOT RX							
45 THORNBERRY ROAD							
WINCHESTER, MA 01890	84-4384737	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
ROCKET LEARNING FOUNDATION 299 MARKET STREET, SUITE 250							
SADDLE BROOK, NJ 07663	87-3912378	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
TARJIMLY 40 ROYAL OAK CT							
MOUNTAIN VIEW, CA 94040	83-1030107	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
TEXAS WATER TRADE 611 S. CONGRESS AVE, SUITE 125	83-2740232	E01(G)(2)	50,000.	0.			GENERAL OPERATING CURRORS
AUSTIN, TX 78704	83-2740232	501(0)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
THE AFRICA CENTER 1280 FIFTH AVENUE	40 0405464		400.000				
NEW YORK, NY 10029	13-3137461	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE OAKLAND REACH 333 HEGENBERGER ROAD, SUITE 425							
OAKLAND, CA 94621	83-1289590	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
THE REACH INSTITUTE: RESOURCE FOR ADVANCING CHILDREN'S HEALTH - 530 7TH AVENUE, FLOOR M1 - NEW YORK,							
NY 10018	20-5437835	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE WELL COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET							
STREET - AKRON, OH 44304	81-2680851	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
	1 01 2000031	(0)(0)	30,000.	<u> </u>			PERSONAL OFFICE PROPERTY.

Part II Continuation of Grants and Other	er Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WODEN PIGEG							
WORTH RISES 168 CANAL STREET 6TH FLOOR							
NEW YORK, NY 10013	83-3653756	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE DRAPER RICHARDS KAPLAN FOUNDATION HAS A RIGOROU	JS DILIGENCE	PROCESS TO			
VET OVER 1,000 APPLICATIONS EACH YEAR. EACH APPLICATIONS EACH YEAR.	ANT IS VETTED	BY OUR			
STAFF IN DEPTH. FOR HIGH POTENTIAL APPLICANTS, THE	FOUNDATION P	ERFORMS A			
DEEP DIVE ON THEIR IMPACT, TEAM, BOARD, AND POTENT:	IAL, INCLUDIN	G EXTENSIVE			
REFERENCE CHECKS. THE EXPECTATION IS THAT EACH GRAI	NTEE ORGANIZA	TION HAS THE			
POTENTIAL TO RECEIVE \$300,000 IN FUNDING OVER THREE	E YEARS, COND	OITIONAL UPON			
SATISFACTORY PROGRESS.					

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number DRAPER RICHARDS KAPLAN FOUNDATION 91-2172351

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	X First-class or charter travel			
	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	х	
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	х	
	, , , , , , , , , , , , , , , , , , , ,			
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.			
	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			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
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.	10		
	The second of the second and provide the applicable amounts for each term in the mi.			
	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		х
	Any related organization?	5b		х
	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		х
	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			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	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)?	a		

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

Schedule J (Form 990) 2023

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) JAMES M BILDNER	(i)	400,000.	104,000.	1,200.	66,000.	37,535.	608,735.	0.
CEO & BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANIKA WARREN	(i)	280,000.	40,000.	1,200.	63,000.	37,535.	421,735.	0.
OPERATING PTR, CHIEF ORG EFF OFFICER		0.	0.	0.	0.	0.	0.	0.
(3) ZERYN SARPANGAL	(i)	272,500.	48,145.	1,200.	43,500.	55,064.	420,409.	0.
CFO, CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NANCY HUANG	(i)	255,864.	25,000.	1,200.	15,000.	50,056.	347,120.	0.
CHIEF OF STAFF, TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LARA METCALF	(i)	250,649.	40,000.	1,200.	25,000.	2,213.	319,062.	0.
SENIOR MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HOLLY KUZMICH	(i)	250,000.	0.	1,200.	50,000.	17,860.	319,060.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARGO DRAKOS	(i)	209,167.	25,000.	1,200.	20,000.	59,264.	314,631.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) OLIVER ROTHSCHILD	(i)	230,923.	4,190.	1,000.	12,810.	38,014.	286,937.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 1A:
FOR CEO'S BUSINESS TRAVEL, FIRST CLASS MAY BE BOOKED FOR FLIGHTS WHEN
BUSINESS CLASS IS NOT AVAILABLE. THE BENEFIT IS NOT TREATED AS TAXABLE
COMPENSATION TO THE CEO.

SCHEDULE O (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

Department of the Treasury Internal Revenue Service

Name of the organization

DRAPER RICHARDS KAPLAN FOUNDATION

Inspection **Employer identification number**

91-2172351 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE WORLD A BETTER PLACE, FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS REVIEWED BY THE CONTROLLER. CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER. A COPY OF THE FORM 990 WAS THEN GIVEN TO THE FOUNDATION'S BOARD MEMBERS TO REVIEW. FINALLY, THE CONTROLLER, CHIEF FINANCIAL OFFICER, CHIEF EXECUTIVE OFFICER, AND THE FOUNDATION'S BOARD MEMBERS WERE GIVEN THE OPPORTUNITY TO ASK THE OUTSIDE TAX PARTNER AND PREPARER ANY QUESTIONS THEY MIGHT HAVE. THE BOARD THEN APPROVED THE FORM 990 FOR FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS. OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION ACKNOWLEDGE THEIR DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST BY SIGNING THE FOUNDATION'S CONFLICT OF INTEREST POLICY ANNUALLY. ANY POTENTIAL CONFLICTS ARE REVIEWED AT THE BOARD LEVEL. A DIRECTOR OR OFFICER WITH A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES THE CEO'S COMPENSATION WHEN COMPARING THAT TO MARKET DATA. MARKET DATA IS GATHERED THROUGH A SURVEY OF FOUNDATIONS DONE ANNUALLY BY THE CRONER COMPANY. IN ADDITION, THE ORGANIZATION ENGAGED A COMPENSATION CONSULTANT IN 2019, WILLIS TOWERS WATSON, TO HELP BENCHMARK THE COMPENSATION OF THE CEO AS WELL AS OTHER TEAM MEMBERS. AS PART OF THE

Schedule O (Form 990) 2023 Page **2**

Name of the organization DRAPER RICHARDS KAPLAN FOUNDATION	Employer identification number 91-2172351
PROCESS, THEY LOOKED AT COMPENSATION DATA FROM OTHER FOUNDATIONS AND	
NON-PROFITS INCLUDING THROUGH THE 990S AS WELL AS OTHER INVESTMENT ORIENTED	
ORGANIZATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA,CO,CT,FL,GA,IL,KS,MA,MI,NJ,NY,OH,OR,PA,WA,WI,NC	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME	
PERIOD OF TIME AS SET FORTH IN SEC. 6104(D). THE FOUNDATION'S WEBSITE	
STATES, "DRAPER RICHARDS KAPLAN FOUNDATION STRIVES FOR THE HIGHEST LEVELS	
OF ACCOUNTABILITY AND TRANSPARENCY. AS A 501(C)(3) DESIGNATED ORGANIZATION,	
WE REPORT OUR FINANCIALS PUBLICLY EVERY YEAR. IF YOU HAVE ANY QUESTIONS OR	
COMMENTS, OUR FINANCE TEAM WELCOMES YOUR INQUIRY AT	
INFO@DRKFOUNDATION.ORG."	
	_

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-2172351

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets Direct c	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	rolled ity?
STICHTING DRAPER RICHARDS KAPLAN FOUNDATION RIVIERVISMARKT 3 DEN HAAG, NETHERLANDS 2513 AM	GRANTMAKING	NETHERLANDS	501(C)(3)	LINE 7	DRAPER RICHARDS	Yes	No
DEN HAAG, NEIHENDANDS 2313 AM	GRANIMATING	NETHERBANDS	501(0)(3)	DINE /	RAPUAN FOUNDATION	Α	

DRAPER RICHARDS KAPLAN FOUNDATION

Page 2

		0 11 77 1	". · · · -					
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on F	orm 990, Pa	art IV, line 34, I	because it h	ad one or m	ore related
Partill	organizations treated as a partnership during the tax year.	•						
	organizations trouted do a partitional partition and take your							

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
											<u> </u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
	1								
	1								
	1								
	!								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х				
	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
	d Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		X				
	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		Х				
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
	Sharing of paid employees with related organization(s)				10		Х				
р	Reimbursement paid to related organization(s) for expenses				1р		X				
q	Reimbursement paid by related organization(s) for expenses				1q	Х					
r	Other transfer of cash or property to related organization(s)				1r		Х				
s					1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationships and transaction thresholds.							
	(a)	(b)	(c)	(d)							
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	volved						
		type (a-s)									
(1) 5	TICHTING DRAPER RICHARDS KAPLAN FOUNDATION	В	250,000.	FMV							
(2)	TICHTING DRAPER RICHARDS KAPLAN FOUNDATION	Q	106,540.	FMV							
(3)											
(4)											
(5)											
(6)											
33216	09-28-23			Schedule	B (For	m 990)	2023				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000