BerganKDV, Ltd. 2451 Oakdale Blvd. Suite #204 Coralville, IA 52241

John Paul II Medical Research Institute 2500 Crosspark Rd W230 Coralville, IA 52241

Dear Jay,

Enclosed is the 2021 Return of Organization Exempt from Income Tax.

The return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, the Form 8879-TE must be signed by Jay Kamath as President, dated and returned to our office on or before November 15, 2022. We will then submit the electronic return to the Internal Revenue Service. There is no tax payable with this return.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Bruce Guither, CPA

Form 8879-TE		IRS e-file Signature A for a Tax Exemp	uthorization t Entity	0	MB No. 1545-0047
	For calendar year 20	21, or fiscal year beginning, 2		_	2021
Department of the Treasury		Do not send to the IRS. Keep	-		202 I
Internal Revenue Service		Go to www.irs.gov/Form8879TE for			
Name of filer				IN or SSN	
		DICAL RESEARCH INSTI	TUTE 2	20-52393	366
Name and title of officer or pe	rson subject to tax	JAY KAMATH PRESIDENT			
Part I Type of	Return and Re	eturn Information			
Form 5330 filers may ente or 10a below, and the amo	r dollars and cents ount on that line fo	re using this Form 8879-TE and enter the s. For all other forms, enter whole dollars or the return being filed with this form wa -0-). But, if you entered -0- on the return,	only. If you check the box on line s blank, then leave line 1b, 2b, 3k	1a, 2a, 3a, 4a o, 4b, 5b, 6b, 7	a, 5a, 6a, 7a, 8a, 9a 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🕨 🗴	b Total revenue, if any (Form 990, I	Part VIII, column (A), line 12)	1b	776,190.
2a Form 990-EZ che		b Total revenue, if any (Form 990-E			
3a Form 1120-POL	····	b Total tax (Form 1120-POL, line 22			
4a Form 990-PF che	ck here	b Tax based on investment incom			
5a Form 8868 check		b Balance due (Form 8868, line 3c)		-	
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line			
7a Form 4720 check		b Total tax (Form 4720, Part III, line			
8a Form 5227 check		b FMV of assets at end of tax year			
9a Form 5330 check		b Tax due (Form 5330, Part II, line			
10a Form 8038-CP ch		b Amount of credit payment reque	,		
		ture Authorization of Officer o		22) 100	
		I am an officer of the above entity or	·	with respect to	(2000)
acknowledgement of recei of any refund. If applicable entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only X I authorize BE as my signature with a state age on the return's co As an officer or return. If I have i	ipt or reason for re , I authorize the U ution account indiv prior to the payme re confidential info nber (PIN) as my s RGANKDV , on the tax year 20 ncy(ies) regulating disclosure consent person subject to ndicated within th rogram, I will enter	ERO firm name D21 electronically filed return. If I have ind charities as part of the IRS Fed/State pr	on for any delay in processing the I Agent to initiate an electronic fun payment of the federal taxes ower ontact the U.S. Treasury Financial e financial institutions involved in the dresolve issues related to the pa applicable, the consent to electron dicated within this return that a color ogram, I also authorize the aforem my PIN as my signature on the tax g filed with a state agency(ies) reg	return or refun ds withdrawal d on this return Agent at 1-888 he processing yment. I have a nic funds withd hter my PIN Ent do py of the return hentioned ERO x year 2021 ele	Id, and (c) the date (direct debit) h, and the 3-353-4537 no of the electronic selected a rawal. 52245 ter five numbers, but not enter all zeros h is being filed to enter my PIN ectronically filed
	tion and Auth	entication		Duto	
ERO's EFIN/PIN. Enter yo	our six-diait electro	nic filing identification			
number (EFIN) followed by	-	-	42465552245 Do not enter all zeros]	
		PIN, which is my signature on the 2021 e e requirements of Pub. 4163, Modernize			
ERO's signature 🕨 BER	GANKDV, L	TD.	Date ▶ 08/29	9/22	
		ERO Must Retain This Form -			
	Do Not S	Submit This Form to the IRS Un	less Requested To Do So		
LHA For Privacy act and	Paperwork Redu	uction Act Notice, see instructions.		Forr	m 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instr	Taxpayer identification number (TIN)						
print	JOHN PAUL II MEDICAL RESEA	RCH TN	ISTITUTE	20-5239366				
File by the due date for filing your return. See instructions.	ile by the lue date for Ing your eturn. See 100 CROSSPARK RD, W230							
	CORALVILLE, IA 52241	loroigit add						
Enter the	Return Code for the return that this application is for (f	ile a separat	te application for each return)					
Applicat	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	D-T (trust other than above)	06	Form 8870			12		
Form 990	D-T (corporation) JAY KAMATH	07						
 If this box 1 I re the 	equest an automatic 6-month extension of time until $_$ organization named above. The extension is for the org \boxed{X} calendar year 2021 or	t Group Exe and atta NOVE1 ganization's , an	mption Number (GEN) I uch a list with the names and TINs of MBER 15, 2022 , to file return for: Id ending	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.		
3a lft	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less					
	y nonrefundable credits. See instructions.			<u>3a</u>	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 606					0		
	timated tax payments made. Include any prior year over			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your p					0		
	ng EFTPS (Electronic Federal Tax Payment System). Se			<u>3c</u>	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawa	ai (direct deb	Dit) with this Form 8868, see Form 8^2	153-1'E an	a ⊦orm 8879	IE for payment		
LHA F	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2022)		

	000
Form	<u>990</u>
101111	220

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and	d ending					
В с	heck if oplicabl	e: C Name of organization		D Employer identification number				
	Addre chang	e JOHN PAUL II MEDICAL RESEARCH INSTITU	TE					
	Name Chang	e Doing business as		20-523936	56			
	Initial return		E Telephone number					
]Final return	2500 CROSSPARK RD	319-688-					
	termin ated			G Gross receipts \$	776,190.			
	Ameno return	CORALVILLE, IA 52241	H(a) Is this a group re					
	Applic tion pendir	F Name and address of principal officer: UAI KAPATH		for subordinates	? Yes X No			
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$) or 🔄 527	If "No," attach a	list. See instructions			
		te: WWW.JP2MRI.ORG		H(c) Group exemption				
		organization: 🗴 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2006 N	State of legal domicile: IA			
Pa	rt I	Summary						
ം	1	Briefly describe the organization's mission or most significant activities: ADVC	DCATES	FOR MEDICAL	RESEARCH			
ũ		THAT RECOGNIZES THE DIGNITIY OF HUMAN LI	FE FROM	I THE MOMENT	OF			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more	I _ I				
Š					8			
		Number of independent voting members of the governing body (Part VI, line 1b) $% \left(1-\frac{1}{2}\right) =0$			5			
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			7			
Žİ		Total number of volunteers (estimate if necessary)		6				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
e		Contributions and grants (Part VIII, line 1h)		253,162.	775,994.			
ent		Program service revenue (Part VIII, line 2g)		8,036.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86.	196.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		261,284.	776,190.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		141,645.	136,418.			
sue		Professional fundraising fees (Part IX, column (A), line 11e)		185.	142.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		150.000	<u> </u>			
- "		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		150,809.	228,512.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		292,639.	365,072.			
	19	Revenue less expenses. Subtract line 18 from line 12		-31,355.	411,118.			
ts or				ginning of Current Year	End of Year			
t Assets	20	Total assets (Part X, line 16)	······	131,912.	513,407.			
etA		Total liabilities (Part X, line 26)		152,822.	123,199.			
ZH Da		Net assets or fund balances. Subtract line 21 from line 20		-20,910.	390,208.			

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

Sign	Signature of officer		Date						
Here	JAY KAMATH, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name P	reparer's signature Dat							
Paid	BRUCE GUITHER, CPA BI	RUCE GUITHER, CPA 08	29/22 self-employed P00069444						
Preparer	Firm's name 🕒 BERGANKDV, LTD.		Firm's EIN 🕨 41–1431613						
Use Only	e Only Firm's address 2451 OAKDALE BLVD - STE 204								
	CORALVILLE, IA 52241 Phone no.319-354-3000								
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2021) JOHN PAUL II MEDICAL RESEARCH INSTITUTE 20-5239366 Page rt III Statement of Program Service Accomplishments
rd	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE JOHN PAUL II MEDICAL RESEARCH INSTITUTE (JP2MRI) SEEKS TO FIND
	CURES AND THERAPIES EXCLUSIVELY USING A VARIETY OF ADULT STEM CELLS
	AND INDUCED PLURIPOTENT STEM CELLS. THE INSTITUTE DOES NOT ENGAGE IN
	EMBRYONIC STEM CELL RESEARCH OF ANY KIND. JP2MRI DEVELOPS PRECLINICAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$169,294. including grants of \$) (Revenue \$)
	TO DEVELOP A COLLABORATIVE BASIC AND CLINICAL RESEARCH PROGRAM IN OUR
	FOUR CORE RESEARCH AREAS: CANCER, NEURODEGENERATIVE DISEASES, RARE
	DISEASES, AND ADULT STEM CELL THERAPIES.
	TN 2021 DUE TO AN OVERWIELMING REQUERE ERON THE INCOMPTIME 'S SUPROPERS
	IN 2021, DUE TO AN OVERWHELMING REQUEST FROM THE INSTITUTE'S SUPPORTERS SEEKING AN ETHICAL ALTERNATIVE TO THE CORONAVIRUS VACCINES ON THE
	MARKET, JP2MRI DEVOTED SOME OF OUR RESEARCH EFFORTS INTO DEVELOPING A
	SAFER AND MORE ROBUST CORONAVIRUS VACCINE UTILIZING A TRADITIONAL
	NON-MRNA BASED APPROACH THAT WAS FREE OF ABORTED FETAL TISSUE IN
	DEVELOPMENT AND TESTING. THIS EFFORT HAS RESULTED IN A PIPELINE OF
	ATTENUATED VACCINE CANDIDATES THAT ARE READY FOR FURTHER TESTING.
	JP2MRI HAS A STRONG TRACK RECORD OF ADVANCING THERAPEUTICS FOR A
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 169,294.
4e	Total program service expenses ► 169,294.
30001	
s∠UU2	3 SEE SCHEDULE O FOR CONTINUATION(S)
0.8	29 136621 A04971.0 2021.04021 JOHN PAUL II MEDICAL RESE A049
υC	27 IJUUZI AU47/I.U ZUZI.U4UZI UUMN PAUL II MEDICAL KESE AU49

Form 990 (2			-		-	RESEARCH	INSTITUTE
Part IV	Checklist of R	equired	Schedu	les			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or cimilar amounts as defined in Roy. Proc. 98 102, (f lives linear late Octor late Oc	5		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		X
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		X
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,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u></u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	116		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
12000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	A (2021)
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132003 12-09-21

2021.04021 JOHN PAUL II MEDICAL RESE A04971.1

22	Did the exception report more than \$5,000 of grants or other exciptions to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		77	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	<u> </u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
07	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	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50		38	х	
Par				·
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
	K. K			

2021.04021 JOHN PAUL II MEDICAL RESE A04971.1

021)						INSTITUTE
Statements	Regardin	g Other	IRS	Filings and	Tax Complian	ce (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		.	_		
_	filed for the calendar year ending with or within the year covered by this return	_2a		7	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur				X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction					v
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					x
Ŀ.	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccour	it)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5-		x
-				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2006 T2					
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			6a		x
h	any contributions that were not tax deductible as charitable contributions?			0a		- 23
D			•	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••		40		
7		uiooo n	rouidad to the powers	70		x
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirad	7b		
С				70		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		90 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization mere			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			1		
0				8		
9	Sponsoring organizations maintaining donor advised funds.			0		
э а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:			30		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:			-		
'' 	Gross income from members or shareholders	11a				
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against			-		
N N	amounts due or received from them.)	11b				
1 2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	7 ?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1LU		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0		-		
	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.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c		-		
- 4a			•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1.10		
	excess parachute payment(s) during the year?			15		x
	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	t incor	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.		··-·			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
						<u> </u>

Form 990 (2021)

Part V

Form 990	(2021)
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JOHN PAUL II MEDICAL RESEARCH INSTITUTE

20-5239366 Page 6

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

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

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8			
	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	5			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	····· [
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	[
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	F	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	····	T Tu		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	·····	12.0		
C	on Schedule O how this was done		12c	х	
3	Did the organization have a written whistleblower policy?	Г	13	X	
	Did the organization have a written document retention and destruction policy?		14	- 23	X
4 5			14		- 23
5	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 -		x
	The organization's CEO, Executive Director, or top management official	F	15a		X
D	Other officers or key employees of the organization		15b		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		40		v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policies	cy, and	finano	cial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's books and records				
	JAY KAMATH - 319-688-7367				
	2500 CROSSPARK RD, W230, IOWA CITY, IA 52241			_	
				990	

Form 990 (20	21) .	JOHN	PAUL	II	MEDICAL	RESEARCH	INSTITUTE	20-5239366	Page 7
Part VII	Compensation of	of Offic	ers, Dir	ecto	ors, Trustees	, Key Employe	ees, Highest Con	npensated	
E	Employees, and	Indep	endent	Con	tractors				
C	Check if Schedule O	contains	a respon	se or	note to any line i	n this Part VII			
Section A.	Officers, Directors,	, Trustee	es, Key Er	nploy	ees, and Highe	st Compensated	Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director			r/trus	tee)	from	from related	other
	(list any	rector				Key employee Highest compensated employee Former		the	organizations	compensation
	hours for	or di	ee					organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	L	1099-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highes	Former			organizations
(1) JAY KAMATH	5.00				-		4			
PRESIDENT		х		x				69,175.	0.	1,695.
(2) DR. ALAN MOY	5.00							-		
VICE PRESIDENT		Х		X				25,000.	Ο.	0.
(3) KATHERINE ARBUCKLE	0.25									
TREASURER		Х		Х				0.	0.	0.
(4) ANDY MILAM	0.25									
SECRETARY		Х		Х				0.	0.	0.
(5) JEANNE MOY	0.25									
DIRECTOR		Х						0.	0.	0.
(5) ISAAC DOUCETTE	0.25									
DIRECTOR		Х						0.	0.	0.
(7) DR. JAMES BECKER	0.25									
DIRECTOR		Х						0.	0.	0.
(8) DR. MARTIN BEDNAR	0.25									
DIRECTOR		Х						0.	0.	0.
					<u> </u>					
						-				
		1								
		1								
		1								
132007 12-09-21										Form 990 (2021)

Form 990 (2021)

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		JII MED	DIC	'AL	R	ES	SEA	RC	H INSTITUTE	20-52	<u>39</u> :	366	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(10		Pos				Reportable	Reportable		Es	stimate	ed
		hours per					than d is both		compensation	compensation		an	nount	of
		week officer and a director/truster					or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations		com	pensa	ation
		hours for	or dire				ted		organization	(W-2/1099-MISC)	fr	om th	е
		related	stee (ruste			pensa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	al tru	onal t		loyee	e com		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
		1110)	<u> </u>	lns	0ff	, Ke	E E	Бо						
1b	Subtotal								94,175.		0.	1,695		95.
	Total from continuation sheets to Part VII								0.		0.			0.
	Total (add lines 1b and 1c)								94,175.		0.	1,695		
2	Total number of individuals (including but no							o re	ceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	higł	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual		-		-		-		-		3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com											5		X
Sec	tion B. Independent Contractors	piete oerieduit		01 30		0010	011 .							
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100.000 of compe	ensat	ion fro	om	
	the organization. Report compensation for t	•	•							•				
	(A)	,			5				(B)			(0	2)	
	Name and business	address	N	ONE	2				Description of s	ervices	С	ompe		n
	<u></u>													
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot lir	nitec	to t	thos C		ted a	above) who received me	ore than				
							-					_	000	0004)

Form **990** (2021)

132008 12-09-21

		JOHN PAUL II M	EDICAL F	RESEARCH I	NSTITUTE	20-5239	366 Page 9
Ра	rt VI						_
		Check if Schedule O contains a response or	note to any line	<u>e in this Part VIII</u> . (A)	(B)	(C)	[] (D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	18	a Federated campaigns 1a					
Gra	l t	b Membership dues 1b					
An An	0	c Fundraising events 1c					
ilar İlar	0	d Related organizations 1d	12,700.				
ns,	e		12,700.				
er (1	f All other contributions, gifts, grants, and	62 204				
-ie E			63,294.				
out	ç	g Noncash contributions included in lines 1a-1f		775 004			
Ŭ d	ł	h Total. Add lines 1a-1f		775,994.			
	_		Business Code				
Program Service Revenue	2 4						
er v	k	b					
n S /eD	0	c					
grar Rev	0	d					
ŗoč	e	e					
<u>a</u>		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest		196.			196.
		other similar amounts) Income from investment of tax-exempt bond pro		1901			150.
	4						
	5	Royalties	(ii) Personal				
	.						
		a Gross rents 6a b Less: rental expenses 6b					
		· · · · · · · · · · · · · · · · · · ·					
		d Net rental income or (loss)	(ii) Other				
	1 2						
		assets other than inventory 7a b Less: cost or other basis					
Ø							
evenue		and sales expenses 7b c Gain or (loss) 7c					
eve							
r R		d Net gain or (loss)a Gross income from fundraising events (not					
Other	0 4						
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18 8a b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances					
	Ł	b Less: cost of goods sold 10b					
_		c Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	a					
ane	k	b [
sells eve	6	c [
Alisc	(d All other revenue					
2	e	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	►	776,190.	0.	0.	196.
13200	9 12-0	J9-21					Form 990 (2021)

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Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 95,871. 25,000. 70,871. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,103. 22,103. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,411. 10,411. Other employee benefits 9 8,033. 2,263. 5,770. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 7,266. 7,266. b Legal 5,155. 5,155. С Accounting Lobbying d 142. 142. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 1,334. 1,334. Advertising and promotion 12 80,377. 952. 79,425. Office expenses 13 Information technology 14 15 Royalties 37,260. 37,260. 16 Occupancy 1,091. 1,091. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,192. 2,192. 20 Interest Payments to affiliates 21 1,000. 1,000. Depreciation, depletion, and amortization 22 2,160. 2,160. 23 Insurance

 20
 Interest
 2,192.

 21
 Payments to affiliates
 1,000.

 23
 Insurance
 2,160.

 24
 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)
 79,227.

 a
 RESEARCH & DEVELOPMENT
 79,227.

 b
 MISCELLANEOUS
 5,071.

5,071. 3,340. 3,340. REIMBURSEMENT С 2,466. 2,466. TELEPHONE d 573. 398. 175. All other expenses е 365,072. 169,294. 194,302. 1,476. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11

132010 12-09-21

07520829 136621 A04971.0

Form **990** (2021)

2021.04021 JOHN PAUL II MEDICAL RESE A04971.1

79,227.

Form 990 (2021) JOHN PAUL II MEDICAL RESEARCH INSTITUTE 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)

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07520829 136621 A04971.0

2 Savings and temporary cash investments 2 3 Predges and grants receivable, net 3 4 Accounts receivable, net 4 5 Laars and other receivables from other substantial contributor, or 55% controlled entity or family member of any of these persons (as defined under section 4958)((11), and persons described in section 4958)((31)(8) 6 6 Laars and other receivables from other disqualified persons (as defined under section 4958)((11), and persons described in section 4958)((31)(8) 6 7 Notes and loans receivable, net 8 9 10a Lad 3, 566. 8 9 10a Lad 3, 566. 0 10e 4, 000. 11 Investments - publicly traded securities 11 12 11 11 Investments - publicly traded securities 11 12 13 131, 912. 16 513, 407. 11 Investments - other securities. See Part IV, line 11 13 13 131, 912. 16 513, 407. 16 Total assets. Add lines 1 through 15 (must equal line 33) 131, 912. 16 513, 407. 17 Accounts payable and acround respersons 20 21 21 <td< th=""><th></th><th>1</th><th>Cash - non-interest-bearing</th><th></th><th>93,260.</th><th>1</th><th>475,055.</th></td<>		1	Cash - non-interest-bearing		93,260.	1	475,055.
9 Piedges and grants receivable, net 3 4 Accounts receivables from any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 6 Loans and other receivables from other disqualified persons (as defined under section 4356(K)3(B) 6 7 Notes and loans receivable, net 8 9 Pregade appresses and other receivables from other disqualified persons (as defined under section 4356(K)3(B) 6 10 Lans, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1433, 566. 11 Investments - publicly traded securities 11 12 11 Investments - program-telated. See Part IV, line 11 13 14 13 Investments - program-telated. See Part IV, line 11 13 131, 912. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 131, 912. 16 112, 700. 19 Defined revenue 19 20 32, 396. 17 7, 000. 10 Grants payable 18 119, 726. 23 112, 381. 20 Total assets. Add lines 1 through 25 22		2				2	
4 Accounts receivable, net 4 5 Lans and other rocevables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 49568(r)(1)), and persons described in section 4958(c)(3)(8) 5 6 Lans and other rocevables from other disqualified persons (as defined under section 49568(r)(1)), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 38, 652. 7 8 Prepaid expenses and deferred charges 9 9 10a 143, 5565. 10a 10b 139, 566. 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - publicly traded securities 131, 912. 16 14 Intangible assets 20, 396. 17 7, 000. 16 Total assets. See Part IV, line 11 13 131, 912. 16 513, 407. 17 Accounts payable and accrued expenses 20, 396. 17 7, 000. 13 19 Deferred revnue 19 21 22 23, 818. <th></th> <th>3</th> <th></th> <th></th> <th></th> <th>3</th> <th></th>		3				3	
get Lans and other receivables from any current or former officer, director, tustes, key employee, creator of nounder, substantial contributor, or 35% controlled entity or family member of any of these persons a 5 6 Lans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 143, 566. 11 12 Investments - publicy fraded securities 111 12 Investments - publicy fraded securities 111 13 investments - publicy fraded securities 111 14 131, 912. 16 513, 407. 16 Total seets. Add insets 1 through 15 (must equal line 33) 131, 912. 16 513, 407. 17 Accounts payable and accrued expenses 20, 396. 17 7, 000. 18 19 Detered revenue 19 21 22 23, 818. 23, 818. 21 Lass and other payables to unrelated third parties 12, 726. 23, 818. 23, 818. 22 Lass and other p		4				4	
controlled entity or family member of any of these persons 5 Lars and other receivables from other disquillied persons (as defined under section 4986(c)(3)(6) 6 7 Notes and loans receivable, net 38,652. 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Lard, buildings, and equipment: cost or other 10a 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - other securities. See Part IV, line 11 13 14 Intragible assets 131, 912. 16 Other assets. Add lines 1 through 15 (must equal line 33) 131, 912. 16 Other assets. Add lines 1 through 15 (must equal line 33) 131, 912. 17 Accounts payable and accrued expenses 20, 396. 18 Grants payable. 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payable to unrelated thrid parties 12, 700. 23 Secured mortgages and notes payable to unrelated thrid parties 12, 700. 24 Unsecured mortes and hoter payable to unrelated thrid parties 12, 700. 23 Secured mortgages and notes payable		5					
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Check if Schedule O contains a response or note to any line in this Part X

(B) End of year

475,055.

(A) Beginning of year

93,260.

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) JOHN PAUL II MEDICAL RESEARCH INSTITUTE	20-523	9366	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	776		
2	Total expenses (must equal Part IX, column (A), line 25)	2	365		
3	Revenue less expenses. Subtract line 2 from line 1	3	411		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-20	, 91	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	390	,20)8.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	

Form **990** (2021)

132012 12-09-21

6UL	HEDULE A	1						I	OMB No. 1545-0047
			Public Cha	rity Status an	d Pub	olic Su	upport		
(For	n 990)	С	omplete if the organ	ization is a section 501	(c)(3) orga	anization	or a section		2021
Deneutor	ant of the Treesury			47(a)(1) nonexempt cha					Open to Public
	nent of the Treasury Revenue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Inspection
Name	of the organiza							Employer	identification number
	j		I PAUL II M	EDICAL RESEAU	RCH IN	ISTITU	JTE		0-5239366
Par	t I Reasor			(All organizations must c					
The o				For lines 1 through 12, cl					
1	<u> </u>	-		n of churches described		-	I)(A)(i).		
2				Attach Schedule E (Form		· A			
з [anization described in se		(b)(1)(A)(ii	ii).		
4		•		njunction with a hospital			•	(iii). Enter	the hospital's name,
	city, and sta	ate:							
5 [An organiza	tion operated f	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 17	0(b)(1)(A)(iv).(Complete Part II.)						
6 [A federal, s	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [X An organiza	tion that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170)(b)(1)(A)(vi). (C	Complete Part II.)						
8 [A communi	ty trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultu	iral research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
_	university:								
10	An organiza	tion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	gross receipts from
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
			mplete Part III.)						
11				vely to test for public sat					_
12 [-	•	-	vely for the benefit of, to	-			•	
	-	• • • •	-	d in section 509(a)(1) o					heck the box on
-		-	• •	f supporting organization				-	
а				upervised, or controlled	•	-			
		-	complete Part IV, Se	gularly appoint or elect a	majonty o	n the allec			pporting
b			-	or controlled in connect	ion with its	s sunnorte	nd organizatio	n(s) by hav	ina
D.				anization vested in the sa			0		•
		-	st complete Part IV,						
с	~	. ,	•	g organization operated	in connect	tion with, a	and functional	lv integrate	d with
-). You must complete I				.,	
d				porting organization oper				ted organiz	ation(s)
	that is no	t functionally in	tegrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	eness
				nplete Part IV, Sections					
е				written determination from				II, Type III	
	functiona	lly integrated, o	r Type III non-function	nally integrated supportin	ng organiz	ation.			
f	F Enter the number of supported organizations								
g	Provide the follo	wing informatio	n about the supporte	d organization(s).					
	(i) Name of sup	-	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organizati	סרו		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Total

Schedule A (Form 990) 2021 JOHN PAUL II MEDICAL RESEARCH INSTITUTE 20-5239366 Page 2 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	161,223.	128,957.	279,177.	253,162.	775,994.	1598513.
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	1.01 0.02	100 057	070 177			1500510
	Total. Add lines 1 through 3	161,223.	128,957.	279,177.	253,162.	775,994.	1598513.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						200 072
•	column (f)						200,072.
	Public support. Subtract line 5 from line 4.						1390441.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Amounts from line 4	(a) 2017 161,223.	(b)2018 128,957.	(c) 2019 279,177.	(d) 2020 253,162.	(e) 2021 775,994.	1598513.
	Gross income from interest,	101,223.	120,557.	2/5,1/1	255,102.	115,5540	13303131
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	53.	69.	27.	86.	196.	431.
9	Net income from unrelated business			27.		150.	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		3,398.	1,500.	8,036.		12,934.
11	Total support. Add lines 7 through 10		0,0001	2,0000	0,0001		1611878.
	Gross receipts from related activities,	etc. (see instruction	uns)			12	
	First 5 years. If the Form 990 is for th	,	,	fourth, or fifth tax v	vear as a section 5		
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	86.76 %
	Public support percentage from 2020		•	.,,		15	98.77 %
	33 1/3% support test - 2021. If the o					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 JOHN PAUL II MEDICAL RESEARCH INSTITUTE 20-5239366 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
, 11	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.)					1	
	First 5 years. If the Form 990 is for th	e organization's fi	irst. second. third.	fourth. 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	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22		, · -	,			(Form 990) 2021

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

132024 01-04-21

Yes No

1

2

3a

3b

3c

4a

4b

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			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	ction 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,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

of trustees of each of the organization's supported organization(s): If No, describe III Fait VI now control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All Type III Supporting Organizat	ons	
--	-----	--

			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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization	supported a	a governmental	entity.	Describe in	Part VI	how y	/ou supported a	governmental en	tity	(see instruction <u>s</u>).
---	--	------------------	-------------	----------------	---------	-------------	---------	-------	-----------------	-----------------	------	---------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

1

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18

Sche	dule A (Form 990) 2021 JOHN PAUL II MEDICAL RES			20-5239366 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Schedule A	(Form 990)	2021
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
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	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	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	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

	Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 ; Section D, lines 5, 6, and 8; and I	n. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)	
132028 01-04-22	2	Schedule A (Form 990)
		21

SCHEDULE	D
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(Form	990)
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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.



Department of the Treasury Internal Revenue Service ...

Nam	e of the organization JOHN PAUL II MEDICA	AL RESEARCH	TNSTTTIT	Employer identification number 20-5239366
Par				
	organization answered "Yes" on Form 990, Part IV, lin		onniar r ana	
		(a) Donor adv	ised funds	(b) Funds and other accounts
4	Total number at and of year	(4) Bonor dav		
1	Total number at end of year Aggregate value of contributions to (during year)			
2				
3 4	Aggregate value of grants from (during year) Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assots	hold in donor advi	l isod funds
3	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		· · ·	
Par		anization answered "	Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea	、	<u>, </u>	of a historically important land area
	Protection of natural habitat	[of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form	n of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	- · · · · · · · · · · ·			
с	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year ►			
4	Number of states where property subject to conservation eas	ement is located		_
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing cor	nservation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conserv	ation easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organizatio	n's financial staten	nents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical T	reasures or O	ther Similar Assets
I UI	Complete if the organization answered "Yes" on Form			Aller olimital Assets.
10	If the organization elected, as permitted under FASB ASC 95		ovonuo statomont	and balance sheet works
ia	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finar	,	,	
h	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	· ·		
	provide the following amounts relating to these items:		,	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical trea			······
-	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202

132051 10-28-21

29						
2021.04021	JOHN	PAUL	II	MEDICAL	RESE	A04971.1

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	dule D (Form 990) 2021 JOHN PA	UL II MEDIC					'Е r Simila	20-52 r Assets	3936 (conti	6 P	age 2
3	Using the organization's acquisition, accessi								loonu	lucu)	
	collection items (check all that apply):	,	,	,	5		5				
а	Public exhibition	c	L k	Loan or exc	hange progra	am					
b	Scholarly research	e			010						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or othe	er similai	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "	'Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						<u>1c</u>				
	Additions during the year										
	Distributions during the year										
	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liabi	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	ears back	(e) Fou	r years	back
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										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	g, column (a) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held ar	nd administer	ed for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr			or other (other)	• •	Accumulate preciation		(d) Boo	k valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			14	3,566.		139,5	66.		4,0	00.
	Other				, • •					, ,	
-	Add lines 1a through 1e. (Column (d) must e		X colur	nn (P) ling 1						4.0	00.
1010	in tea miles fa through for (Column (a) must e	<u>iqual FUIII 990, Pall</u>	A, COIUN					Cabadula			

Schedule D (Form 990) 2021

132052 10-28-21

Part VII				EARCH INSTITUTE	20-5239366 Page 3
()				11b. See Form 990, Part X, line	
	otion of security or category (includ	ding name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
	held equity interests				
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, (col. (B) line 12.) ►			
Part VII	Investments - Progra	m Related.			
			on Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
	(a) Description of investme	ent	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8) (9)	b) must equal Form 000. Part V	col (P) line 12)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, o Other Assets.	col. (B) line 13.) >			
(8) (9)	Other Assets.		on Form 990. Part IV. line	11d. See Form 990. Part X. line	15.
(8) (9) Total. (Col. (Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX	Other Assets.	n answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. (b) Book value
(8) (9) Total. (Col. (Part IX (1)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	n answered "Yes"		11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll	Other Assets. Complete if the organization	n answered "Yes" (a)	Description	11d. See Form 990, Part X, line	
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	n answered "Yes" (a)	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col(Part X	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Col(Part X Part X	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X Part X 1. (1) Fec	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Coll Part X Part X 1. (1) Fec (2)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Col(Part X Part X (1) Fee (2) (3)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (9) Total. (Colt Part X (1) Fee (2) (3) (4)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (1) Fer (2) (3) (3) (4) (5)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (1) Feat (2) (3) (4) (5) (3) (4) (5) (5) (6)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (8) (9) Total. (Coll (7) (3) (4) (5) (3) (4) (5) (6) (5) (6) (7)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value
(8) (9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (1) Fector (2) (3) (4) (5) (5) (6)	Other Assets. Complete if the organization	n answered "Yes" (a) Part X, col. (B) line n answered "Yes"	Description		(b) Book value

132053 10-28-21

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 JOHN PAUL II MEDICAL		20-5239366 Page
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	s	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		_ 2 e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	<u>le 12.)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financia		r Return.
	Complete if the organization answered "Yes" on Form 990, Part		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18.)	5
Pa	t XIII Supplemental Information.		

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

132054 10-28-21

SCHEDULE L	I	Tra	insaction	s V	Vith	Int	erested	P	ersons			ON	ИВ No. 1	545-00)47
(Form 990)	Complete if	the o	rganization ans					-		6, 27,	28a,		21	02	1
Department of the Treasury			28b, or 28c, o ► Atta				Form 990-E2		40b.			0	pen To		
Internal Revenue Service	-	ào to v	www.irs.gov/Fo	rm99	0 for ir	nstruc	tions and the	late	st information.				specti		
Name of the organizatio				~		~						identi		on nu	mber
Part I Excess I	Benefit Trans	-	II MEDI	-	-	-			-			<u>393</u>	56		
	f the organization														
1 (a) Name of disqual			Relationship betw person and or	veen o	disqual				escription of tran			5.	(d) Ye		ected?
			•	0											NO
													_		
													—		
2 Enter the amount of	-		0	•			•	Ũ	-						
section 4958 3 Enter the amount of	of tax, if any, on li										► ⊅ ► \$				
	o and/or Fron														
	f the organization					Part	/, line 38a or F	Form	1990, Part IV, lin	e 26; (or if th	e orga	nizatic	n	
-	n amount on Forr														
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	oan to or n the ization?	· ·	e) Original cipal amount	(1) Balance due) In ault?	(h) Ap by bo comm	ard or	• •	Vritten ement ?
					From					Yes		Yes	No	Yes	No
DR. ALAN MOY	CURRE	NT	OPERATIN	X			3,818.		3,818.		X	X		Х	
Total				<u></u>		<u></u>	> \$		3,818.						
	or Assistance f the organizatior		•												
(a) Name of intere			(b) Relationship				c) Amount of		(d) Type	of		(e) Purp	ose o	of
			interested pers the organiza	on an			assistance		assistan				assista		
		_													
		_													
LHA For Paperwork R	eduction Act No	otice,	see the Instruct	ions f	for For	m 990	or 990-EZ.				Sche	dule L	. (Forn	n 990) 2021

SEE PART V FOR CONTINUATIONS

132131 11-02-21

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation
				Yes	Nc
Supplemental Information. Provide additional information for re	sponses to questions on Schedule L (see in	nstructions).			
HEDULE L, PART II, LOAN			z.		
		ITD LEVOU			
) NAME OF PERSON: DR. A	ALAN MOY				
) RELATIONSHIP WITH ORC	GANIZATION: CURRENT OF	FICER			
) PURPOSE OF LOAN: OPEN	ATTNC FYDENCEC				
/ FURFUSE OF LOAN: OFER	VALING EVLENDED				

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



JOHN PAUL II MEDICAL RESEARCH INSTITUTE 20-5239366

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONCEPTION TO NATURAL DEATH AND ADDRESS UNMET MEDICAL NEEDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH TECHNOLOGIES THAT WILL BROADLY ADVANCE DRUG DISCOVERY AND

REGENERATIVE MEDICINE FOR MANY DISEASES. IN ADDITION, THE INSTITUTE

WILL ENGAGE IN EDUCATIONAL OUTREACH TO INCREASE THE NUMBER OF

SCIENTISTS AND FUTURE MEDICAL PRACTITIONERS WHO WILL WORK WITH ADULT

STEM CELLS, ALWAYS WITH AN EMPHASIS ON MEDICAL BIOETHICS THAT IS

CONSISTENT WITH THE DIGNITY OF HUMAN LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VARIETY OF UNMET MEDICAL NEEDS AT A COST THAT IS MUCH LOWER THAN

TYPICALLY CHARGED BY INDUSTRY, GOVERNMENT OR ACADEMIA. THE INSTITUTE'S

CORE RESEARCH PRIORITIES INCLUDE NEURODEGENERATIVE DISEASES, RARE

DISEASES, CANCER AND REGENERATIVE MEDICINE FOR UNMET CHRONIC DISEASES.

FORM 990, PART VI, SECTION A, LINE 2:

ALAN MOY AND JEANNE MOY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 WAS DISTRIBUTED TO MEMBERS OF THE GOVERNING BODY BEFORE

FILING, AND MEMBERS WERE INSTRUCTED TO REVIEW THE FORM AND PROVIDE

FEEDBACK, IF ANY.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2021

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FORM 990, PART VI, SECTI	ON C, LII	NE 19:				
GOVERNING DOCUMENTS, CON	FLICT OF	INTEREST	POLICY,	AND	FINANCIAL	STATEMENTS
ARE AVAILABLE TO THE PUB	LIC UPON	REQUEST.				
32212 11-11-21					Sch	edule O (Form 990) 202

JOHN PAUL II MEDICAL RESEARCH INSTITUTE

BOARD MEMBERS ARE REQUIRED TO SUBMIT ANNUAL SURVEYS DISCLOSING ANY

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

20-5239366