Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	roi tile	e 2020 calendar year, or tax year beginning and can	enaing					
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre chang							
	Name chang	Doing business as		11-37032	71			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	PO BOX 1571		303-258-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	425,980.			
	Ameno return			H(a) Is this a group re				
	Application			for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c	or 52	7 If "No," attach a	list. See instructions			
		te: ► WWW.DONORSIBLINGREGISTRY.COM		H(c) Group exemptio				
		organization: X Corporation Trust Association Other ►	L Year	r of formation: 2003 N	State of legal domicile: CO			
P	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: ASSIS	ST IN	DIVIDUALS CO	NCEIVED AS			
Activities & Governance	1	A RESULT OF SPERM, EGG OR EMBRYO DONATION						
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of mor	1 1				
્ટ્રે				3	9			
æ		Number of independent voting members of the governing body (Part VI, line 1b)			7			
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2			
₹	6	Total number of volunteers (estimate if necessary)		6	0			
٩c		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			
ne		Contributions and grants (Part VIII, line 1h)		258,049. 0.	252,246.			
Revenue	1	Program service revenue (Part VIII, line 2g)		18,279.	5,725.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,376.	1,809.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		277,704.	259,780.			
	+	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2//,/04.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		148,228.	164,106.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
en	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	····	0.	•			
Ξ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,770.	194,624.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		308,998.	358,730.			
		Revenue less expenses. Subtract line 18 from line 12		-31,294.	-98,950.			
Or es	1.5	Trevende 1633 expenses. Subtract line 10 from line 12		eginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)	ا ا	484,681.	385,731.			
ASS	21	Total liabilities (Part X, line 26)	·····	0.	0.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		484,681.	385,731.			
	art II	Signature Block		•				
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	er has any knowledge.				
Sig	n	Signature of officer		Date				
He	re	WENDY KRAMER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	EUGENE D'ALESSANDRO, CPA		self-employ				
	parer	Firm's name BOWYER D'ALESSANDRO & ASSOCIATES	S, PC	Firm's EIN ▶	81-4810016			
Use	Only	Firm's address P.O. BOX 1040						
		NEDERLAND, CO 80466		Phone no.				
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			Yes No			

341,065.

4e

Total program service expenses ▶

Form 990 (2020) DONOR SIBLING REGISTRY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		22
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		22
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• • • • • • • • • • • • • • • • • • •			

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	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			İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			İ
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			İ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			İ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			İ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

DONOR SIBLING REGISTRY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X					
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			37					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v					
	to file Form 8282?	7с		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year	_							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?								
8									
•	sponsoring organizations maintaining donor advised tunds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9									
	a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		Х					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	c Enter the amount of reserves on hand								
14a Did the organization receive any payments for indoor tanning services during the tax year?									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schedule N.									
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		21					
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			,,
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17		2\0.=-'	۱۰ -۰۰- ۱۱	ob!-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	ys only) avaıl	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website	I E!	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	ia tinai	ıcıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 303-258-0902			
	PO BOX 1571 NEDERLAND CO 80466			

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

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

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

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

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

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

(A)		(C)				прс	iioui	(D)	(E)	(F)
Name and title	(B) Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	ss person is both an d a director/trustee)			compensation	compensation	amount of
	week (list any		CCI ai		111001) i di di	100)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = 2 ********************************	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pu	Inst	₩ 0	Ke	Hig	휸			
(1) WENDY KRAMER	50.00	\ \						00 472	0	25 452
EXCEUTIVE DIRECTOR	0 05	Х						89,473.	0.	35,452.
(2) TODD WHITEHURST	0.05	\ \							0	0
DIRECTOR	0 05	Х						0.	0.	0.
(3) EUGENE D'ALESSANDRO	0.05	X						0.	0.	0
DIRECTOR	0.05	Δ						0.	0.	0.
(4) ANN DIXON	0.05	X				1		0.	0.	0.
DIRECTOR (5) HILARY BERTISCH	0.05	^			\vdash	\vdash		0.	0.	0.
DIRECTOR	0.03	Х						0.	0.	0.
(6) RYAN KRAMER	0.05	Δ						0.	0.	0.
DIRECTOR	0.03	Х						0.	0.	0.
(7) NAOMI CAHN	0.05							0.	0.	
DIRECTOR	0.03	х						0.	0.	0.
(8) LAUREN WOLF	0.05									
DIRECTOR		x						0.	0.	0.
(9) MOLLY MCCAFFERTY	0.05				\vdash					•
DIRECTOR		x						0.	0.	0.
		L		L	<u>L</u> _	<u> </u>	L_			
										- 000

Form **990** (2020)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	nployees, and Highest Compensated Employees (continue							es (continued)				
	(A)	(B) Average		(C) Position					(D)	(E)			(F)	
	Name and title	hours per week (list any hours for related	box	not c , unle cer ar	theck ess pe nd a d	more rson	than is bot or/trus	th an stee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-MI	on d is	am com fr	timate nount o other pensatom the anizati	of tion
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				and	d relate anizatio	ed
									<u> </u>					
			_											
			_											
			<u> </u>		,									
	Subtotal		<u> </u>					<u> </u>	89,473.		0.	3	5,4	52.
С	Total from continuation sheets to Part Vi	II, Section A						<u> </u>	0. 89,473.		0.	3	5,4	0. 52.
	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bov	e) w	no r	eceived more than \$100	0,000 of reportab	le		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		•	•	_	ghest compensated emp	•		3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		Х
1	tion B. Independent Contractors Complete this table for your five highest countered the organization. Report compensation for	-	-								npens	ation f	rom	
	(A) Name and business address NONE (B) Description of services									C	(C Comper) nsatio	า	
2	Total number of independent contractors (i		not lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					U						000 /	

		Check if Schedule O contains a response or note to any lin	in this Part VIII		
		Check if Schedule O contains a response of note to any inf		(B) (C)	(D)
			` '	or exempt Unrelated	Revenuè excluded
				n revenue business revenue	
40 .0.1					sections 512 - 514
nts	1 a	Federated campaigns 1a			
ig j	ı	Membership dues 1b 207,926.			
S, C		Fundraising events1c			
# Z		d Related organizations 1d			
اة,0 اقاق		Government grants (contributions) 1e 32,537.			
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and			
je E	'				
문항					
ge	(Noncash contributions included in lines 1a-1f	050 046		
<u>ā</u> <u>Č</u>		n Total. Add lines 1a-1f	252,246.		
		Business Code			
g	2 8	a .			
ا کج	_				
Program Service Revenue				<u> </u>	
Z P	(. ———			
Re	•	·			
Š	•	•			
<u>-</u>	1	All other program service revenue			
	(g Total. Add lines 2a-2f			
	3	Investment income (including dividends, interest, and			
		other similar amounts)	1,946.		1,946.
	4	Income from investment of tax-exempt bond proceeds			
	5	Royalties			
	3	(i) Real (ii) Personal			
	_				
		a Gross rents6a			
	ı	Less: rental expenses 6b			
	(Rental income or (loss) 6c			
	(d Net rental income or (loss)			
	7 8	a Gross amount from sales of (i) Securities (ii) Other			
		assets other than inventory 7a 169,646.			
		Less: cost or other basis			
ஓ		and sales expenses			
Revenue					
ě		. ,	2 770		2 770
Æ		d Net gain or (loss)	3,779.		3,779.
her	8 8	a Gross income from fundraising events (not			
δ		including \$ of			
		contributions reported on line 1c). See			
		Part IV, line 18 8a			
		b Less: direct expenses 8b			
		Not be a second of the second			
	9 8	a Gross income from gaming activities. See			
		Part IV, line 19			
		Less: direct expenses 9b			
	(Net income or (loss) from gaming activities			
	10 a	a Gross sales of inventory, less returns			
		and allowances 10a 2,142.			
		b Less: cost of goods sold 10b 333.			
			1,809.	1,809.	
\dashv		Net income or (loss) from sales of inventory	1,000.	1,003.	
Sn		Business Code			
e e	11 a	1			
ent	ı)			
Miscellaneous Revenue	(
Ĩ₽	(All other revenue			
_		Total. Add lines 11a-11d			
	12	Total revenue See instructions	259.780.	1,809. 0.	5.725.

Part IX | Statement of Functional Expenses

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

-	Check if Schedule O contains a respon	<u>'</u>			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олроново	gomeral expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 472	00 472		
_	trustees, and key employees	89,473.	89,473.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	30,002.	30,002.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	50,002.	30,002.		
0	section 401(k) and 403(b) employer contributions)	24,000.	24,000.		
9	Other employee benefits	11,452.	11,452.		
10	Payroll taxes	9,179.	9,179.		
11	Fees for services (nonemployees):	.,			
а	Management				
b	Legal	500.		500.	
С	Accounting	1,449.		1,449.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	949.		0.40	
12	Advertising and promotion	5,515.	1,426.	949. 4,089.	
13	Office expenses	162,951.	162,951.	4,009.	
14	Information technology	102,931.	102,931.		
15	Royalties	6,000.		6,000.	
16 17	Occupancy Travel	2,851.	2,851.	0,000.	
18	Payments of travel or entertainment expenses	2,0021	2,0021		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	470.	470.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	728.		728.	
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.)	7 016	7 016		
a	BANK & USER FEES TELEPHONE/INTERNET FEES	7,016. 4,189.	7,016. 2,095.	2 004	
b	DUES/SUBSCRIPTIONS/RESE	1,136.	4,095.	2,094. 1,136.	
c d	CONTRACT LABOR	850.	150.	700.	
	All other expenses	20.	150.	20.	
25	Total functional expenses. Add lines 1 through 24e	358,730.	341,065.	17,665.	0.
26	Joint costs. Complete this line only if the organization	,		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (0000)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		76,834.	1	77,159.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these pe		5		
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	12,096.			
	b	Less: accumulated depreciation10k		0.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	407,847.	12	308,572.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line		484,681.	16	385,731.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or former of	ficer, director,			
≝		trustee, key employee, creator or founder, substantia	al contributor, or 35%			
Liabilities		controlled entity or family member of any of these pe	rsons		22	
_	23	Secured mortgages and notes payable to unrelated	hird parties		23	
	24	Unsecured notes and loans payable to unrelated thir	d parties		24	
	25	Other liabilities (including federal income tax, payable	es to related third			
		parties, and other liabilities not included on lines 17-2	24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ý		Organizations that follow FASB ASC 958, check h	ere ▶ Ш			
ည		and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions			27	
B	28	Net assets with donor restrictions			28	
ڃ		Organizations that do not follow FASB ASC 958, or	heck here ▶ 🔼			
F		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds		0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or equipment	F	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income		484,681.	31	385,731.
ž	32	Total net assets or fund balances		484,681.	32	385,731.
	33	Total liabilities and net assets/fund balances		484,681.	33	385,731.

Form **990** (2020)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Naccounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Xe Xes	Pa	rt XI Reconciliation of Net Assets						
2 358,730 3 Revenue less expenses. Subtract line 2 from line 1 3 -98,950 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 484,681 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)) 10 385,731 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization s' financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a		Check if Schedule O contains a response or note to any line in this Part XI	······		<u></u>	<u> Ш</u>		
2 358,730 3 Revenue less expenses. Subtract line 2 from line 1 3 -98,950 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 484,681 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)) 10 385,731 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization s' financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a				_				
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Check if Schedule O contains a response or note to any line in this Part XII 7 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: X Cash Accrual Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes,	2	Total expenses (must equal Part IX, column (A), line 25)	2			•		
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Yes In "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? 2b Yes If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 a or 2 b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3	Revenue less expenses. Subtract line 2 from line 1	3					
Donated services and use of facilities To Investment expenses Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements compiled or reviewed by an independent accountant? Separate basis, consolidated basis, or both: Separate basis Consolidated basis both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis or both:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	84	<u>,681.</u>		
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	Net unrealized gains (losses) on investments	5					
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6	Donated services and use of facilities	6					
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Naccounting method used to prepare the Form 990: Cash Accrual Other	7		7					
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting The column (B) The column (B)	8		8					
column (B))	9		9			0.		
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization schedule O. Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization is financial statements compiled or reviewed on a separate basis or separate basis, or both: Beparate basis Oconsolidated basis, or both: Beparate basis Oconsolidated basis or both: Beparate basis Oconsolidated basis, or both: Beparate basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated and separate basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated basis Oconsolidated ba	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990:								
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1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Xecounting Texture and Details and Detail		Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Xi b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Y	es No		
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
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Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Xi b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:						
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As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2	c			
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or addite, explain why on concade a and accomb any stope tartent to an acigo cach addite	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DONOR SIBLING REGISTRY Employer identification number 11-3703271

Pa	irt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	see instructions.				
The	organ	nization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	oed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	je or			
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)		7						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete line:	s 12e, 12f, and 12g.				
а	ıL		anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b	, L		anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	: L		grated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
C	ıL		/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or			ing organiz	zation.					
f		er the number of supported o									
0		vide the following information			(iv) Is the orga	nization lieted					
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Tota	al										

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	ciew, piedee cerrip	noto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	198,313.	230,294.	274,432.	258,049.	252,246.	1213334.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2,650.	2,028.	2,142.	6,820.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	198,313.	230,294.	277,082.	260,077.	254,388.	1220154.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						1220154.
	ction B. Total Support						12201340
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
	Amounts from line 6	198,313.	(b) 2017 230, 294.	277,082.	(d) 2019 260, 077.	(e) 2020 254,388.	1220154.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,419.	17,276.	15,674.	18,279.	5,725.	59,373.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,419.	17,276.	15,674.	18,279.	5,725.	59,373.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	200,732.	247,570.	292,756.	278,356.	260,113.	1279527.
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ						05.06
	Public support percentage for 2020 (I			column (f))		15	95.36 %
	Public support percentage from 2019					16	95.48 %
	ction D. Computation of Inves					1	1 61
17	. 3					17	4.64 %
	Investment income percentage from 2					18	4.52 %
198	a 33 1/3% support tests - 2020. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶Ш

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

DONOR SIBLING REGISTRY

Employer identification number

11-3703271

Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

DONOR SIBLING REGISTRY

11-3703271

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PEDERSEN FAMILY FOUNDATION 1750 TYSONS BLVD - STE 1800 TYSONS CORNER, VA 22102-4215	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DONOR SIBLING REGISTRY

Employer identification number 11-3703271

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) 🕍 Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired		I		
	listed in the National Register				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax		
	year ▶	A			
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
_	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	servation easements during the year		
-	Amount of expenses incurred in monitoring, inspecting, hand				
7	\$	uling of violations, and emorcing conserv	ation easements during the year		
8	·	vo satisfy the requirements of section 17	7/h\/4\/P\/i\		
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes				
9	In Part XIII, describe how the organization reports conservat				
Ŭ	balance sheet, and include, if applicable, the text of the foot	•			
	organization's accounting for conservation easements.	note to the organization of imariolar states.	ionio mai decembee me		
Pai	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for pu				
	service, provide in Part XIII the text of the footnote to its fina				
b	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		> \$		
	(ii) Assets included in Form 990, Part X		·		
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1		> \$		
h	Assets included in Form 990 Part Y		•		

	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Other	Similar A	Assets(con	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	at make sig	nificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's exemp	ot purpose	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	easures, or oth	er similar a	ssets			_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			Yes		No_
Pai	t IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" on F	orm 990, Pa	art IV, line 9,	or	
	reported an amount on Form 990, Par Is the organization an agent, trustee, custodi		lian, for contribution	and or other of	ects not in	aludad			
ıa	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						163		140
	Tres, explain the arrangement in rait Ain	and complete the for	nowing table.				Amou	ınt	
С	Reginning balance					1c	Amoc	1111	
	Additions during the year					1d			
	Additions during the year					1e			
e •	Distributions during the year					1f			
f	Ending balance Did the organization include an amount on Fe						Yes		No
	-				-			H	NO
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in							📖	
ı uı	Endownient i diids. Complete ii	(a) Current year		(c) Two yea			s back (e) Fo	ur vooro k	hook
4.	Deginning of year balance	(a) Current year	(b) Prior year	(C) Two yea	15 Dack (u) Tillee years	s back (e) i c	ui years i	Jack
_	Beginning of year balance								—
b	Contributions								—
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, 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	•							
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	ered for the	organization	on		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(i	i)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	l?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990), Part X, Iir	ne 10.			
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Acc	umulated	(d) Bo	ok value	,
		basis (investn	nent) basi	s (other)	depre	eciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			10,521.	1	L0,521			0.
е	Other			1,575.		1,575	•		0.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)		>			0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 DONOR SIBLII	NG REGISTRY	11-	3703271 Page
Part VII Investments - Other Securities.	5 000 D 1 11 / 11 /		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Method of Valuation. Cost of end-	Di-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) FIDELITY INVSTMENTS	303,166.	END-OF-YEAR MARKET	VAT.IIF
(B) FIDELITY - UNREALIZED	5,406.	COST	V1111011
(C)	3/1001		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	308,572.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<u> </u>	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	#ND 1
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	; 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	0111 01111 000, 1 411 14, 11110 1	10 01 111. 000 1 0111 000, 1 011 7, 1110 20.	(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			

(7)
(8)
(9)

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

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

(6)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DONOR SIBLING REGISTRY

Employer identification number 11-3703271

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MUTUALLY DESIRED CONTACT WITH OTHERS WITH WHOM THEY SHARE GENETIC TIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SOLD ONLINE MEMBERSHIPS SO INDIVIDUALS COULD BE MATCHED WITH
OTHER HALF-SIBLINGS AND OR DONORS. CURRENT MEMBERSHIP IS OVER
72,000 INDIVIDUALS WITH OVER 20,000 MATCHES SO FAR.
EXPENSES \$ 169,967. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:
THE EXECUTIVE DIRECTOR, WENDY KRAMER, IS THE MOTHER OF ONE OF OUR
DIRECTORS, RYAN KRAMER.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL OFFICERS AND DIRECTORS WERE EMAILED A COPY OF FORM 990 AND ASKED FOR
ANY OTHER IDEAS OR INPUT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL MAKE AVAILABLE ANY FINANCIAL OR GOVERNING BODY
DOCUMENT TO THE PUBLIC UPON REQUEST.