Department of the Treasury Internal Revenue Service

## **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	For th	e 2022 calendar year, or tax year beginning and	ending	_		
Ba	Check in applicat	le: C Name of organization		D Employer identifie	cation number	
	Addr chan	DONOR SIBLING REGISTRY				
	Nam	ge Doing business as		11-37032	71	
	Initia	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final returi termi	PO BOX 1571		303-258-		
_	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	260,523.	
	returi AppI	NEDERLAND, CO 80488		H(a) Is this a group re		
	tion pend	F Name and address of principal officer: WENDI KRAFER		for subordinates		
	<b>F</b>	Image         SAME         AS         C         ABOVE           cempt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1)	or 527	H(b) Are all subordinates in		
-	Nebs				list. See instructions	
-		f organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: CO	
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: ASSI	ST IND	IVIDUALS CO	NCEIVED AS	
Governance	·	A RESULT OF SPERM, EGG OR EMBRYO DONATIO	N WHO	ARE SEEKING	TO MAKE	
rna	2	Check this box if the organization discontinued its operations or dispo				
ove	3	-			9	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7	
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1	
	6	Total number of volunteers (estimate if necessary)			0	
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		245,048.	241,942.	
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,665.	17,342.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,014.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		257,727.	259,964.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		133,671.	131,839.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Т. Д		Total fundraising expenses (Part IX, column (D), line 25)	0.	E4 200	45 010	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,366.	45,818.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		188,037. 69,690.	177,657. 82,307.	
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12	Bo	ginning of Current Year		
Net Assets or Fund Balances				455,421.	End of Year 537,728.	
Asse Bala	20	Total assets (Part X, line 16)		455,421.	0.	
Vet / und	21	Total liabilities (Part X, line 26)		455,421.	537,728.	
		Net assets or fund balances. Subtract line 21 from line 20		4JJ, 441 •	551,120.	

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		Da	ate							
-	WENDY KRAMER, EXECUTIVE DIR	ECTOR									
	Type or print name and title										
	Print/Type preparer's name Pre	eparer's signature	Date	Check	PTIN						
Paid	EUGENE A. D'ALESSANDRO, C			self-employed	200338906						
Preparer	Firm's name BOWYER D'ALESSANDRO	& ASSOCIATES, PC	Fi	rm's EIN 81-4	1810016						
Use Only	Firm's address P.O. BOX 1040										
NEDERLAND, CO 80466 Phone no.											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions Yes No										
232001 12-1	EXAMPLE 22001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2022) DONOR SIBLING REGISTRY 11-3703271	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ASSIST INDIVIDUALS CONCEIVED AS A RESULT OF SPERM, EGG OR EMBRYO	
	DONATION WHO ARE SEEKING TO MAKE MUTUALLY DESIRED CONTACT WITH	
	OTHERS WITH WHOM THEY SHARE GENETIC TIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	XNo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	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, a	
	revenue, if any, for each program service reported.	
4a		)
	DESIGN, DEVELOP, IMPLEMENT AND OPERATE AN INTERNET	/
	BASED REGISTRY FOR PERSONS CONCEIVED	
	THROUGH ARTIFICIAL INSEMINATION.	
4b	(Code:) (Expenses \$2, 313. including grants of \$) (Revenue \$)	)
10	PUBLICIZE THE REGISTRYS' SERVICES THROUGH PRESENTATIONS,	/
	INTERVIEWS, PRINTED AND INTERNET BASED PUBLICATIONS AND	
	APPEARANCES AT NEWS, PROFESSIONAL AND ACADEMIC ORGANIZATIONS.	
4c	(Code: ) (Expenses \$ 4,719. including grants of \$ ) (Revenue \$	)
10	CONTINUE TO INTIATE ACADEMIC PARTNERSHIPS FOR RESEARCH	/
	AND OUTREACH TO THE PUBLIC.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 15,796 • including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 154,667.	

			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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I	3		
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 similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	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,	0		
•	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	•		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			37
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>			x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		- 21
IZd	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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. 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			v
	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,"			v
<u></u>	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
		<u> </u>		

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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			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		_ <u> </u>
23	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		
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		
	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	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"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			37
	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	24		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra				
	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 1a 1		103	
	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	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (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 2										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	x							
3a	<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	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)?										
b	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	5 1 7 1 7 7 5 7										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v							
	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). Did the event interval and even in the event in the event $c^{0.7}$ and even in the event interval event in the event interval event in the event interval event	_		v							
a	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 7h		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	7.		x							
	to file Form 8282?	7c		<u>л</u>							
	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization during the year new premiume directly or indirectly on a personal benefit contract?</li> </ul>										
	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, hoats, airplanes, or other vehicles, did the organization file a Form 1098-C2</li> </ul>										
_	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>										
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the sponsoring organization have excess business holdings at any time during the year?										
a	<ul> <li>9 Sponsoring organizations maintaining donor advised funds.</li> </ul>										
	<ul> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>										
10	Section 501(c)(7) organizations. Enter:	9b		X							
a											
b	Initiation fees and capital contributions included on Part VIII, line 12       10a         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 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.) 11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
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 13b										
с	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L							
15	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?	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 income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

Form 990 (2022)
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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 C contains a response or note to any line in this Part VI           Section A. Governing Body and Management           1a Enter the number of voting members of the governing body, or if the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schedule 0.         1a         9           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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         9           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?         9           4 Did the organization become aware during the year of a significant diversion of the organization sassets?         6           5 Did the organization become aware during the year of a significant diversion of the organization is assets?         6           6 Did the organization become aware during the year of a significant diversion of the organization satisme powering body?         6           6 Did the organization decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         7           8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         7	2 3 4	Yes	No
1a       Enter the number of voting members of the governing body at the end of the tax year	3		No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schedule 0.       It       To         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 employees to a management duties customarily performed by or under the direct supervision of officer, director, trustees, or key employees to a management company or other person?       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors, trustees, or key employees to a management company or other person?       Did the organization cheade any significant changes to its governing documents since the prior Form 990 was filed?         3       Did the organization have members, stockholders?       Did the organization have members, stockholders?         7a       Did the organization bave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         b       Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         a       The governing body?         b       Did the organization have incert, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Ye	3	x	
bidly delegated broad authority to an executive committee or similar committee, explain on Schedule 0.         It         T           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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person?         A           3         Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5           4         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?         6           5         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?         6           6         Did the organization nave employees (see an engangement duties customarily performed by members, stockholders, or persons other than the governing body?         8           6         Did the organization commpaneously document the meetings held or written actions undertaken during the year by the following:         a           a         The governing body?         9         Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is section B requests information about policies not required by the Internal Revenue Code.           10a         Did the organization hav	3	X	
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<ul> <li>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? <i>If "Yes," provide the names and addresses on Schedule O</i></li></ul>	8a	X	
organization's mailing address? If "Yes," provide the names and addresses on Schedule O         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a Did the organization have local chapters, branches, or affiliates?         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?         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.         12a Did the organization nave a written conflict of interest policy? If "No," go to line 13         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         c Did the organization nave a written document retention and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.         13 Did the organization have a written document retention and destruction policy?         14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management official         b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	8b	Х	
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		Х
taxable entity during the year?			
	16a		Х
<b>b</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		
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed NONE			
<b>18</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	) availa	able
for public inspection. Indicate how you made these available. Check all that apply.			
X Own website Another's website Ophon request Other (explain on Schedule O)			
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a finar	ncial	
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, k	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	<b>1</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>	er ar		lirecto	n/irus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO	and related
	below	d ual t	Institutional trustee	L	Key employee	est co oyee	Ъ.			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			-
(1) WENDY KRAMER	60.00									
EXCEUTIVE DIRECTOR		X		-				92,000.	0.	34,362.
(2) RYAN KRAMER	0.05									
DIRECTOR		X						0.	0.	0.
(3) MOLLY MCCAFFERTY	0.05									
DIRECTOR		X						0.	0.	0.
(4) HILARY BERTISCH	0.05									
DIRECTOR		Х						0.	0.	0.
(5) ANGIE NAMENUK	0.05									
DIRECTOR		X						0.	0.	0.
(6) INGER CHANDLER	0.05									
DIRECTOR		Х						0.	0.	0.
(7) BRENDAN FEELEY	0.05									
DIRECTOR		X						0.	0.	0.
(8) CHASE KIMBALL	0.05									
DIRECTOR		Х						0.	0.	0.
(9) EUGENE D'ALESSANDRO	0.05								_	_
DIRECTOR		X						0.	0.	0.
		-								
		-			-					
		1								

-	990 (2022) DONOR SIE									11-37	032	71	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ighe	st C				(=	
	(A) (B) Name and title Average hours per week			(do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	comper from organi and re organiz	the zation elated
		line)	Indiv	Instit	Officer	Keye	High empl	Former					
												2.4	260
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							92,000. 0. 92,000.		0. 0. 0.		362.
2	Total number of individuals (including but n								eceived more than \$100	0,000 of reportable			0
	compensation from the organization											Ye	
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								hest compensated emp			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? <i>If "Yes," com</i>					-			-		[	5	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										ensat	ion fror	n
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Cor	(C) mpensa	ition
								_					
								+					
								+					
2	Total number of independent contractors (in \$100,000 of compensation from the organized structure structur	•	ot lir	nite	d to		se li: 0	sted	above) who received n	nore than			

Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
s s								Sections 512 - 514
ant	ין		Federated campaigns     1a       Membership dues     1b	220,924.				
٦Ğ		b	· · · · · · · · · · · · · · · · · · ·	220,924.				
ifts A			Fundraising events     1c       Related organizations     1d					
nia G		d e	Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		1	similar amounts not included above <b>1f</b>	21,018.				
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in lines 1a-1f	,				
anc		9 h	Total. Add lines 1a-1f		241,942.			
				Business Code	, -			
e	2	а						
Program Service Revenue		b						
Se		с						
eve		d						
- Bo B		е						
ሻ		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	rest, and				
			other similar amounts)		17,342.			17,342.
	4		Income from investment of tax-exempt bond	· .				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_			(ii) Othor				
	<b>'</b>	а	Gross amount from sales of (i) Securities	(ii) Other				
		h	assets other than inventory <b>7a</b> Less: cost or other basis					
e		D	and sales expenses					
Revenue		~	Gain or (loss)					
Jev			Net gain or (loss)					
e	8		Gross income from fundraising events (not					
Oth	ľ		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8	<b>b</b>				
		с	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9t	<b>b</b>				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	1 000				
			and allowances 10					
			Less: cost of goods sold 10		<u> </u>	600		
		С	Net income or (loss) from sales of inventory		680.	680.		
sn				Business Code				
oer ue	11							
ilar ven		b						
Miscellaneous Revenue		C d	All other revenue					
ž			All other revenue					
	12		Total. Add lines 11a-11d		259,964.	680.	0.	17,342.
	- 12				200,004.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990 (2022)

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 respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	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,				
-	trustees, and key employees	92,000.	92,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,000.	24,000.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,362.	10,362.		
10	Payroll taxes	5,477.	5,477.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,454.		1,454.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,392.	0 245	1 0 4 7	
12	Advertising and promotion	4,393.	2,345. 513.	1,047. 3,880.	
13	Office expenses	6,298.	6,298.	5,000.	
14	Information technology	0,290.	0,290.		
15	Royalties	9,600.		9,600.	
16 17		1,322.	1,322.	5,000.	
17 10		1,522.	1,522•		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	325.	325.		
19 20	Interest	525.			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,336.	2,258.	2,078.	
23	Insurance	791.	<u> </u>	791.	
_0 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.)				
а	BANK & USER FEES	7,263.	7,153.	110.	
b	TELEPHONE/INTERNET FEES	3,896.	1,948.	1,948.	
с	DUES/SUBSCRIPTIONS	1,962.	425.	1,537.	
d	CONTRACT LABOR	525.		525.	
е	All other expenses	261.	241.	20.	
25	Total functional expenses. Add lines 1 through 24e	177,657.	154,667.	22,990.	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)				Eorm <b>990</b> (202

DONOR SIBLING RE	IGISTRY
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		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			40,593.	1	55,664.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		F		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,432.			
	b	Less: accumulated depreciation	10b	16,432. 16,432.	0.	10c	0.
	11	Investments - publicly traded securities		A		11	
	12	Investments - other securities. See Part IV, line 1			414,828.	12	482,064.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			455,421.	16	537,728.
	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 I				21	
S	22	Loans and other payables to any current or form		The second se			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
abi		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
6		Organizations that follow FASB ASC 958, che	ck hei	·e 🗌 🛛			
ice:		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions				27	
Ä	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, ch	eck here X			
ř		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ec	luipme	nt fund	0.	30	0.
tAŝ	31	Retained earnings, endowment, accumulated in	come,	or other funds	455,421.	31	537,728.
Ne	32	Total net assets or fund balances			455,421.	32	537,728.
	33	Total liabilities and net assets/fund balances			455,421.	33	537,728.

Form **990** (2022)

## Part X Balance Sheet

Form	990	(2022)

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Form	990 (2022) DONOR SIBLING REGISTRY	11-	-3703271	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			250		C A
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>64</u> . 57.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>07.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	453	5,4	<u>2</u> 1.
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	53	1,1	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
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 reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	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	e audit	3		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
2022

**Open to Public** Inspection

_			
Name	of the	organi	zatio

Nam	e of t	the organization							ridentification number			
Pa	rt I	Reason for Public (	R SIBLING		omplata t	hic part ) S			1-3703271			
								15.				
	organ	ization is not a private found										
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .										
2		A school described in section										
3		A hospital or a cooperative					•					
4		A medical research organiz city, and state:	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,			
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental	init descrit	ned in			
5		section 170(b)(1)(A)(iv). (C				icu by a g	overnmentar					
6		A federal, state, or local gov		nental unit described in	section 1	70(h)(1)(A)	(v)					
7		An organization that norma	-					ho gonoral	public described in			
'		section 170(b)(1)(A)(vi). (Co		initial part of its support	nom a gov	ennentai		ine general				
8		A community trust describe			+ 11 \							
9						od in ooniu	upotion with o	land grant				
9		An agricultural research orgo or university or a non-land-g										
		university:	grant conege of agric		. Linter the	marne, city	y, and state o	i the colleg				
10	Х	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	hip fees. a	nd aross receipts from			
		activities related to its exen										
		income and unrelated busir										
		See section 509(a)(2). (Cor		(				ganization				
11		An organization organized a	• •	ively to test for public s	afety. See	section 50	09(a)(4).					
12		An organization organized a						arry out the	e purposes of one or			
		more publicly supported or										
		lines 12a through 12d that										
а		<b>Type I.</b> A supporting orga							/ aivina			
-	-	the supported organization										
		organization. You must c			amajonty				sapporting			
b		<b>Type II.</b> A supporting org			tion with it	ts sunnort	ed organizatio	n(s) by ha	avina			
		control or management o										
		organization(s). You mus						ige the sup	poned			
с		Type III functionally inte	•		in connec	tion with	and functiona	llv integrat	ed with			
Ū	L	its supported organization						iny integrat	cu with,			
d		Type III non-functionally						rted organ	ization(s)			
u	L	that is not functionally int										
		requirement (see instruct						u an attern				
•		Check this box if the orga	,	•		-						
e	L	functionally integrated, or					а турет, туре	п, туре п				
4	Ente	er the number of supported of		many integrated support	ing organi	zation.						
		vide the following information	•	ad organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)			
				above (see instructions))								
Tota	1											

### 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	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	274,432.	258,049.	252,246.	245,048.	241,942.	1271717.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization?	2,650.	2,028.	2,142.	1,165.	1,239.	9,224.
2	organization's tax-exempt purpose Gross receipts from activities that	270301	270201	2/1120	1/1030	1,2001	572210
	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	277,082.	260,077.	254,388.	246,213.	243,181.	1280941.
7a	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 amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1280941.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	277,082.	(b) 2019 260,077.	254,388.	(d) 2021 246,213.	(e)2022 243,181.	(f) Total 1280941 •
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,674.		5,725.	11,665.	17,342.	68,685.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	15,674.	18,279.	5,725.	11,665.	17,342.	68,685.
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	292,756.	278,356.	260,113.	257,878.	260,523.	1349626.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15	94.91 %
16	Public support percentage from 2021					16	94.87 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	5.09 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	5.13 %
<b>19</b> a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	X
k	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
20	i mate roundation. In the organizatio	IT GIG HOL CHECK &	507 UN III C 14, 19		IS DUN ALLU SEE ITS		·····

## Schedule B

(Form 990)

#### Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

1	1	_	3	7	0	3	2	7	1
-	-		-	1	v	-	4	1	ж.

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

**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), 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.

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

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

### Schedule B (Form 990) (2022)

Name of organization

## DONOR SIBLING REGISTRY

Employer identification number

11-3703271

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	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	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 On 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
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Part I

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.



Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

## DONOR SIBLING REGISTRY

11-3703271 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor ad	vised funds	(k	<ul> <li>Funds and other accounts</li> </ul>	
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 asse	ts held in donor adv	rised fund	ds	
	are the organization's property, subject to the organization's	exclusive legal cont	rol?		Yes 🛛 N	lo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	at grant funds can b	e used o	nly	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or f	or any other purpos	e conferr	ring	
	impermissible private benefit?					lo
Par				, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea	tion or education)			rically important land area	
	Protection of natural habitat		Preservation of	of a certif	ied historic structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation co	ntribution in the form	n of a co I	nservation easement on the last Held at the End of the Tax Ye	ar
	day of the tax year.					a1
	Total number of conservation easements				2a	
D					2b	
C A	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired a				2c	
u					2d	
3	historic structure listed in the National Register Number of conservation easements modified, transferred, re					
5	year	leased, extinguished	, or terminated by th	ne organ		
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per		pection, handling o	- f		
-	violations, and enforcement of the conservation easements in		,		Yes N	lo
6	Staff and volunteer hours devoted to monitoring, inspecting,					
		C C				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserv	ation ea	sements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ments of section 17	'0(h)(4)(B	)(i)	
	and section 170(h)(4)(B)(ii)?				······································	lo
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	se staten	nent and	
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's financial stater	ments th	at describes the	
Der	organization's accounting for conservation easements.	CAut Iliataviaal	<b>T</b>	<u> </u>		
Par	t III Organizations Maintaining Collections o		Treasures, or v	Other a	Similar Assets.	
	Complete if the organization answered "Yes" on Form					
Ia	If the organization elected, as permitted under FASB ASC 95	· ·				
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar					
h	If the organization elected, as permitted under FASB ASC 95				a shoot works of	
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:			lineraniec		
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
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				\$	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 20	)22
	09-01-22				- •	

-		IBLING REG						- Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or	Other S	Similar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that	make signi	ificant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or e	change program	n			
b	Scholarly research	e	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain	n how they further	the organizatior	n's exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	easures, or other	similar as	sets	-	
	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Y	es" on For	rm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						-	
	on Form 990, Part X?					∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		г		<u> </u>	
					-		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F				-		Yes	No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete							
Fai	<b>Endowment Funds.</b> Complete	(a) Current year	(b) Prior year			Three years back	(a) Four	vears hack
4		(a) Ourrent year	(b) Thoryean					yours buok
la L	Beginning of year balance			-				
D	Contributions							
C h	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance Provide the estimated percentage of the cur		o (line 1 a. column					
2	Board designated or quasi-endowment		%	(a)) Heiu as.				
a b	Permanent endowment	%						
0		%						
C	The percentages on lines 2a, 2b, and 2c sho	-						
32	Are there endowment funds not in the posse		ation that are held	and administer	d for the			
ou	organization by:						L.	Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the			•• ••••••••••••••••••••••••••••••••••••				
Par	t VI Land, Buildings, and Equipn	<u>v</u>						
	Complete if the organization answere		), Part IV, line 11a	See Form 990,	Part X, line	e 10.		
	Description of property	(a) Cost or o	· · ·	st or other	(c) Accu		(d) Book	value
		basis (investr		s (other)	deprec		(, 2000	
1a	Land	· · · · · · · · · · · · · · · · · · ·						
	Buildings							
	Leasehold improvements							
	Equipment			10,521.	1	0,521.		0.
	Other			5,911.		5,911.		0.
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	-				0.
	<b>e</b>	,						

Schedule D (Form 990) 2022

Schedule D (Form 990	0) 2022	DONOR	SIBLING	REGISTRY

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line :	11b Soo Form 990 Part V line 12	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A) FI	DELITY INVSTMENTS	482,064.	COST	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Col (h	) must equal Form 990, Part X, col. (B) line 12.)	482,064.		
	Investments - Program Related.	402,004.		
i art viii	Complete if the organization answered "Yes" of	on Form 990, Part IV, line '	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	Description	TTd. See Form 990, Part X, line T5.	(b) Book value
(4)	(a) L	Jeschption		(b) BOOK value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Oaku		05.)		
iotal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line	20.)		

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...

SCHEDULE O (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

Complete to provide information for responses to specific questions o 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. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

11-3703271

DONOR SIBLING REGISTRY

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

84,000 INDIVIDUALS WITH OVER 23,500 MATCHES SO FAR.

EXPENSES \$ 15,796. 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.

Form <b>4562</b>			iation and A Information on Attach to your tax	Listed Propert			OMB No. 1545-0172
Internal Revenue Service Name(s) shown on return	Service Go to www.irs.gov/Form4562 for instructions and the latest information.						Sequence No. <b>179</b> Identifying number
DONOR SIBLIN	G REGISTRY	Z		FORM 990 P			11-3703271
Part I Election To Ex	pense Certain Prope	rty Under Section 17	79 Note: If you have a	ny listed property, c	omplete Part	V before y	ou complete Part I.
1 Maximum amount (s	see instructions)					1	1,080,000.
2 Total cost of section	179 property place	ed in service (see	instructions)				
3 Threshold cost of se							2,700,000.
			or less, enter -0				
			-0 If married filing separate			i	
6	(a) Description of pro	operty	(b) Cost	(business use only)	(c) Elected	cost	
7 Listed property. Ent	er the amount from	line 29		7			
8 Total elected cost o							
9 Tentative deduction							
10 Carryover of disallow							
11 Business income lin							
12 Section 179 expens					<u></u>	12	
13 Carryover of disallow Note: Don't use Part II of				13			
		,	epreciation (Don't in	clude listed propert	v <b>)</b>		
14 Special depreciation	-						
					-	14	4,336.
15 Property subject to							
16 Other depreciation (							
	epreciation (Don't	include listed pro	perty. See instruction	ıs.)			
			Section A				
17 MACRS deductions	for assets placed i	n service in tax ye	ars beginning before	2022		17	
18 If you are electing to group	any assets placed in serv	vice during the tax year	into one or more general ass	et accounts, check here	L		
	Section B - Assets		e During 2022 Tax Y			ation Syste	əm
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment u only - see instructions	se (u) necovery	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property							
<b>b</b> 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property g 25-year property				25 yrs.		S/L	
g 25-year property	/	/		27.5 yrs.	MM	S/L S/L	
h Residential rent	al property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i Nonresidential r	eal property	/			MM	S/L	
Se	ction C - Assets P	laced in Service	During 2022 Tax Ye	ar Using the Altern	ative Depred	iation Sys	stem
20a Class life						S/L	
b 12-year				12 yrs.		S/L	
<b>c</b> 30-year		/		30 yrs.	MM	S/L	
d 40-year		/		40 yrs.	MM	S/L	
	(See instructions.)						
21 Listed property. Ent						21	
	ne appropriate lines	of your return. Pa	artnerships and S cor	porations - see instr	•	22	4,336.
23 For assets shown a portion of the basis	-	-	e current year, enter t				