

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                                                                                           |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>FOUNDERS PLEDGE INC                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                 | A Employer identification number<br>37-1795297                                                                                                                                            |                                                                                                                          |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>228 PARK AVE S PMB 71081                                                                                                                                                                                                  |                                                                                                                                                                                                 | Room/suite                                                                                                                                                                                | B Telephone number (see instructions)<br>(646) 585-9644                                                                  |
| City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 100031502                                                                                                                                                                                                             |                                                                                                                                                                                                 | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                              |                                                                                                                          |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                 | D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/> |                                                                                                                          |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                              |                                                                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>                                                                     |                                                                                                                          |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 11,050,176                                                                                                                                                                                                             | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) |                                                                                                                                                                                           | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                     | 10,951,011                         |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                   | 4,930                              | 4,930                     |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                           | 10,955,941                         | 4,930                     |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                               | 66,105                             | 0                         |                         | 66,105                                                      |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                           | 13,198                             | 0                         |                         | 13,198                                                      |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                        | 14,875                             | 744                       |                         | 14,131                                                      |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                | 1,326,238                          | 60,010                    |                         | 1,266,228                                                   |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                            | 3,956                              | 0                         |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                               | 45,865                             | 0                         |                         | 45,865                                                      |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                       | 9,925                              | 0                         |                         | 9,925                                                       |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                        | 68,160                             | 0                         |                         | 68,160                                                      |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                    | 1,548,322                          | 60,754                    |                         | 1,483,612                                                   |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                       | 3,428,699                          |                           |                         | 3,428,699                                                   |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                             | 4,977,021                          | 60,754                    |                         | 4,912,311                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                  | 5,978,920                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                     |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     | c Adjusted net income (if negative, enter -0-)                                                       |                                    |                           |                         |                                                             |

| Part II Balance Sheets                                                                                       |                                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) |                |                       |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                              |                                                                                                                                               | Beginning of year                                                                                                    | End of year    |                       |
|                                                                                                              |                                                                                                                                               | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                  | 2,105,223                                                                                                            | 10,472,246     | 10,472,246            |
|                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                     | 2,694,022                                                                                                            | 9,040          | 9,040                 |
|                                                                                                              | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                         |                                                                                                                      |                |                       |
|                                                                                                              | <b>4</b> Pledges receivable ▶ _____ 276,166<br>Less: allowance for doubtful accounts ▶ _____                                                  |                                                                                                                      | 276,166        | 276,166               |
|                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .    |                                                                                                                      |                |                       |
|                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                      | 22,580                                                                                                               | 24,199         | 24,199                |
|                                                                                                              | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                              | 161,433                                                                                                              | 252,310        | 255,000               |
|                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                              |                                                                                                                      |                |                       |
|                                                                                                              | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____               |                                                                                                                      |                |                       |
|                                                                                                              | <b>12</b> Investments—mortgage loans . . . . .                                                                                                |                                                                                                                      |                |                       |
|                                                                                                              | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                       |                                                                                                                      |                |                       |
|                                                                                                              | <b>14</b> Land, buildings, and equipment: basis ▶ _____ 19,973<br>Less: accumulated depreciation (attach schedule) ▶ 6,448                    | 16,067                                                                                                               | 13,525         | 13,525                |
| <b>15</b> Other assets (describe ▶ _____)                                                                    | 6,350                                                                                                                                         | 0                                                                                                                    | 0              |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 5,005,675                                                                                                                                     | 11,047,486                                                                                                           | 11,050,176     |                       |
| Liabilities                                                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                     | 24,457                                                                                                               | 172            |                       |
|                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                            |                                                                                                                      | 90,226         |                       |
|                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                          | 40,411                                                                                                               |                |                       |
|                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                            |                                                                                                                      |                |                       |
|                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                       |                                                                                                                      |                |                       |
|                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                | 23,583                                                                                                               | 23,583         |                       |
|                                                                                                              | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                        | 88,451                                                                                                               | 113,981        |                       |
| Net Assets or Fund Balances                                                                                  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b> |                                                                                                                      |                |                       |
|                                                                                                              | <b>24</b> Net assets without donor restrictions . . . . .                                                                                     | 4,917,224                                                                                                            | 10,733,505     |                       |
|                                                                                                              | <b>25</b> Net assets with donor restrictions . . . . .                                                                                        |                                                                                                                      | 200,000        |                       |
|                                                                                                              | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 26 through 30.</b>         |                                                                                                                      |                |                       |
|                                                                                                              | <b>26</b> Capital stock, trust principal, or current funds . . . . .                                                                          |                                                                                                                      |                |                       |
|                                                                                                              | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund                                                                      |                                                                                                                      |                |                       |
|                                                                                                              | <b>28</b> Retained earnings, accumulated income, endowment, or other funds                                                                    |                                                                                                                      |                |                       |
|                                                                                                              | <b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                               | 4,917,224                                                                                                            | 10,933,505     |                       |
| <b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 5,005,675                                                                                                                                     | 11,047,486                                                                                                           |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                                 |          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 4,917,224  |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 5,978,920  |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> | 37,361     |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 10,933,505 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 0          |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | <b>6</b> | 10,933,505 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b>                                                                                                                          |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b>                 |                                               |                                                    |                                                 |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

|                                                                                                                                                                                                           |          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$      | <b>2</b> |  |
|                                                                                                                                                                                                           | <b>3</b> |  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |          |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

| <b>1</b> Reserved             |                 |                 |                 |
|-------------------------------|-----------------|-----------------|-----------------|
| (a)<br>Reserved               | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
|                               |                 |                 |                 |
| <b>2</b> Reserved . . . . .   |                 |                 | <b>2</b>        |
| <b>3</b> Reserved. . . . .    |                 |                 | <b>3</b>        |
| <b>4</b> Reserved . . . . .   |                 |                 | <b>4</b>        |
| <b>5</b> Reserved . . . . .   |                 |                 | <b>5</b>        |
| <b>6</b> Reserved . . . . .   |                 |                 | <b>6</b>        |
| <b>7</b> Reserved . . . . .   |                 |                 | <b>7</b>        |
| <b>8</b> Reserved , . . . . . |                 |                 | <b>8</b>        |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                     |           |   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |   |
| <b>b</b>  | Reserved.                                                                                                                                                                                                                           | <b>1</b>  | 0 |
| <b>c</b>  | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                          |           |   |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  | 0 |
| <b>3</b>  | Add lines 1 and 2.                                                                                                                                                                                                                  | <b>3</b>  | 0 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  | 0 |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.                                                                                                                                     | <b>5</b>  | 0 |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |   |
| <b>a</b>  | 2020 estimated tax payments and 2019 overpayment credited to 2020                                                                                                                                                                   | <b>6a</b> | 0 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                                 | <b>6b</b> | 0 |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                 | <b>6c</b> | 0 |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                             | <b>6d</b> | 0 |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d.                                                                                                                                                                                | <b>7</b>  | 0 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | <b>8</b>  | 0 |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .                                                                                                                                       | <b>9</b>  | 0 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .                                                                                                                           | <b>10</b> |   |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                          | <b>11</b> |   |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                          | Yes       | No  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                           | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?.                                                                                                                                                                                                                                                                                    | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. <input type="text"/> \$ <u>0</u> <b>(2)</b> On foundation managers. <input type="text"/> \$ <u>0</u>                                                                                                        |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>                                                                                                                                                                          |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                            | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                               | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?.                                                                                                                                                                                                                                                   | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?.                                                                                                                                                                                                                                                                        | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                      | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?              | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="text"/> See Additional Data Table                                                                                                                                                                                           |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>                                                                                                                             | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV.<br><i>If "Yes," complete Part XIV</i>                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                     | <b>10</b> | Yes |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>FOUNDERSPLEDGE.COM</u>                                   | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► <u>CHARLOTTE MONICO</u> Telephone no. ► <u>(646) 585-9644</u>                                                                                                          |           |            |           |

Located at ► RUNWAY EAST 20 ST THOMAS STREET LONDON UKZIP+4 ► SE1 9RS

|           |                                                                                                                                                                                                     |                          |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .                                                                                 | <input type="checkbox"/> |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | ► <b>15</b>              |            |           |
| <b>16</b> | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b>                | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►                                                                  |                          |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No</b> |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |           |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .                                                                                                                                                                                                                                                                       | <b>1b</b>  | <b>No</b> |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                    |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .                                                                                                                                                                                                                                                                                                         | <b>1c</b>  | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |            |           |
| <b>a</b>  | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                              |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                           | <b>2b</b>  |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                               |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . . | <b>3b</b>  |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?                                                                                                                                                                                                                                                                         | <b>4b</b>  | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                            |                                                                     |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to:                                                                                                                                                                             |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.              |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                        | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870.                                                                                              |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                  |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| DANIELLE GRAM<br>228 PARK AVE S<br>NEW YORK, NY 100031502                                                                           | MANAGING DIRECTOR,<br>S<br>40.00                          | 156,798                                   | 10,090                                                                | 0                                     |
| DENISE MARICA<br>228 PARK AVE S<br>NEW YORK, NY 100031502                                                                           | FOUNDRY DIRECTOR<br>40.00                                 | 117,912                                   | 8,343                                                                 | 0                                     |
| ERIN ARNOLD<br>228 PARK AVE S<br>NEW YORK, NY 100031502                                                                             | EXECUTIVE ASSISTANT<br>40.00                              | 86,664                                    | 11,917                                                                | 0                                     |
| ANU KHAN<br>228 PARK AVE S<br>NEW YORK, NY 100031502                                                                                | RESEARCH ADVISOR<br>40.00                                 | 88,490                                    | 9,311                                                                 | 0                                     |
| JONATHAN GARTSIDE<br>228 PARK AVE S<br>NEW YORK, NY 100031502                                                                       | VP OF PRODUCT<br>40.00                                    | 87,110                                    | 1,557                                                                 | 0                                     |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       | 0                                     |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                                | (b) Type of service   | (c) Compensation |
|--------------------------------------------------------------------------------------------|-----------------------|------------------|
| JUSTWORKS EMPLOYMENT GROUP LLC<br>PO BOX 7119 CHURCH STREET STATION<br>NEW YORK, NY 10008  | LEASED EMPLOYEES      | 1,242,680        |
| NATIONAL PHILANTHROPIC TRUST<br>165 TOWNSHIP LINE RD STE 1200<br>JENKINTOWN, PA 19046      | INVESTMENT MANAGEMENT | 60,000           |
|                                                                                            |                       |                  |
|                                                                                            |                       |                  |
|                                                                                            |                       |                  |
|                                                                                            |                       |                  |
|                                                                                            |                       |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                       | 0                |

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|                                                                                                                                                                                                                             | Expenses  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> FOUNDERS PLEDGE, INC. IS A NON-PROFIT ORGANIZATION CREATED TO ENCOURAGE AND FACILITATE CHARITABLE GIVING BY ENTREPRENEURS AND INVESTORS. DURING 2020, THE ORGANIZATION GAVE GRANTS TO 55 CHARITABLE ORGANIZATIONS. | 3,428,699 |
| <b>2</b>                                                                                                                                                                                                                    |           |
|                                                                                                                                                                                                                             |           |
| <b>3</b>                                                                                                                                                                                                                    |           |
|                                                                                                                                                                                                                             |           |
| <b>4</b>                                                                                                                                                                                                                    |           |
|                                                                                                                                                                                                                             |           |
|                                                                                                                                                                                                                             |           |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                   | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |           |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 21,822    |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 6,411,919 |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 6,433,741 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 6,433,741 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 96,506    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 6,337,235 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 316,862   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                                    |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 316,862 |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5. . . . .                                                    | <b>2a</b> |         |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 0       |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 316,862 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 316,862 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 316,862 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 4,912,311 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |           |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 4,912,311 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 4,912,311 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7                                                                                                                                |               |                            |             | 316,862     |
| <b>2</b> Undistributed income, if any, as of the end of 2020:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2016. . . . .                                                                                                                                                                | 176,536       |                            |             |             |
| <b>c</b> From 2017. . . . .                                                                                                                                                                | 604,931       |                            |             |             |
| <b>d</b> From 2018. . . . .                                                                                                                                                                | 1,300,708     |                            |             |             |
| <b>e</b> From 2019. . . . .                                                                                                                                                                | 1,838,731     |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 3,920,906     |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>4,912,311</u>                                                                                                    |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2020 distributable amount. . . . .                                                                                                                                     |               |                            |             | 316,862     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 4,595,449     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 | 8,516,355     |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2021.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                    | 8,516,355     |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2016. . . . .                                                                                                                                                         | 176,536       |                            |             |             |
| <b>b</b> Excess from 2017. . . . .                                                                                                                                                         | 604,931       |                            |             |             |
| <b>c</b> Excess from 2018. . . . .                                                                                                                                                         | 1,300,708     |                            |             |             |
| <b>d</b> Excess from 2019. . . . .                                                                                                                                                         | 1,838,731     |                            |             |             |
| <b>e</b> Excess from 2020. . . . .                                                                                                                                                         | 4,595,449     |                            |             |             |

## Part XIV

- Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

## Inform

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | ▶ <b>3a</b>                         | 3,428,699 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |           |
|                                                                   |                                                                                                                    |                                      |                                     |           |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | ▶ <b>3b</b>                         | 0         |

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2020)

## Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of:
- (1)** Cash. . . . .
- (2)** Other assets. . . . .
- b** Other transactions:
- (1)** Sales of assets to a noncharitable exempt organization. . . . .
- (2)** Purchases of assets from a noncharitable exempt organization. . . . .
- (3)** Rental of facilities, equipment, or other assets. . . . .
- (4)** Reimbursement arrangements. . . . .
- (5)** Loans or loan guarantees. . . . .
- (6)** Performance of services or membership or fundraising solicitations. . . . .
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |               |                |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign Here</b> | 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 taxpayer) is based on all information of which preparer has any knowledge. |               |                |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2021-04-13    | *****          |
|                  | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

|                                       |                                                           |                      |      |                                                 |                                                         |
|---------------------------------------|-----------------------------------------------------------|----------------------|------|-------------------------------------------------|---------------------------------------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00086726                                   |
|                                       | GLENN MILLER CPA                                          |                      |      |                                                 |                                                         |
|                                       | Firm's name ▶ WEGNER CPAS LLP                             |                      |      |                                                 |                                                         |
|                                       | Firm's address ▶ 419 N LEE ST<br>ALEXANDRIA, VA 223142301 |                      |      |                                                 | Firm's EIN ▶ 39-0974031<br><br>Phone no. (703) 519-0990 |

**Form 990PF Part VII-A Line 8a**

|                                                                                  |                                                                                                                                                |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Enter the states to which the foundation reports or with which it is registered: | AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                     | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| MATTHEW HUNTER THRU APRIL 2020           | PRESIDENT<br>40.00                                           | 66,105                                    | 2,464                                                                 | 0                                     |
| 228 PARK AVE S<br>NEW YORK, NY 100031502 |                                                              |                                           |                                                                       |                                       |
| DAVID JONATHAN GOLDBERG                  | PRESIDENT/TREASURER<br>10.00                                 | 0                                         | 0                                                                     | 0                                     |
| 228 PARK AVE S<br>NEW YORK, NY 100031502 |                                                              |                                           |                                                                       |                                       |
| ANDREW MCLOUGHLIN                        | SECRETARY<br>0.50                                            | 0                                         | 0                                                                     | 0                                     |
| 228 PARK AVE S<br>NEW YORK, NY 100031502 |                                                              |                                           |                                                                       |                                       |
| SABRINA POURMAND                         | DIRECTOR<br>0.50                                             | 0                                         | 0                                                                     | 0                                     |
| 228 PARK AVE S<br>NEW YORK, NY 100031502 |                                                              |                                           |                                                                       |                                       |
| BLAINE VESS                              | DIRECTOR<br>0.50                                             | 0                                         | 0                                                                     | 0                                     |
| 228 PARK AVE S<br>NEW YORK, NY 100031502 |                                                              |                                           |                                                                       |                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                                                                                       |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------|-----------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                      | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                                                                                       |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                                                                                       |           |
| AJIALOUNA<br>TALLET EL KHAYAT HASHEM SHARIF<br>STREET<br>BEIRUT 136526<br>LE                               | N/A                                                                                                       | NC                             | CRISIS SOLIDARITY PROGRAM                                                                             | 5,000     |
| AMEELIO INC<br>50 BREWERY STREET STE 8382<br>NEW HAVEN, CT 06511                                           | N/A                                                                                                       | PC                             | GENERAL SUPPORT                                                                                       | 100       |
| ASSOCIATION FOR THE ADVANCEMENT<br>OF ARTIFICIAL INTELLIGENCE<br>2275 E BAYSHORE RD<br>PALO ALTO, CA 94303 | N/A                                                                                                       | PC                             | GENERAL SUPPORT OF<br>AAAI/ACM CONFERENCE ON<br>ARTIFICIAL INTELLIGENCE,<br>ETHICS AND SOCIETY (AIES) | 20,000    |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                         |                                                                                                           |                                |                                                                                                       | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                            |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution           | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                            |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                            |           |
| BERKELEY EXISTENTIAL RISK INITIATIVE<br>340 S LEMON AVE STE 2374<br>WALNUT, CA 91789                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT OF BERI/CSER COLLABORATION | 20,000    |
| BLACK LIVES MATTER FOUNDATION<br>19197 GOLDEN VALLEY RD<br>CANYON COUNTRY, CA 91387                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                            | 510       |
| CENTER FOR APPLIED RATIONALITY<br>2036 BANCROFT WAY<br>BERKELEY, CA 94704                                | N/A                                                                                                       | PC                             | SUPPORT OF LESSWRONG AND GENERAL SUPPORT   | 149,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                            | 3,428,699 |



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                  | Amount    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|-----------|
| Name and address (home or business)                                                                    |                                                                                                                    |                                      |                                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                   |                                                                                                                    |                                      |                                                      |           |
| CENTRE FOR EFFECTIVE ALTRUISM USA<br>2443 FILLMORE ST STE 380-16662<br>SAN FRANCISCO, CA 94115         | N/A                                                                                                                | PC                                   | TO SUPPORT THE ROOTS OF<br>PROGRESS AND 80,000 HOURS | 71,000    |
| CLEAN AIR TASK FORCE<br>114 STATE STREET 6TH FLOOR<br>BOSTON, MA 02109                                 | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                      | 10,244    |
| BILL HILLARY & CHELSEA CLINTON<br>FOUNDATION<br>1200 PRESIDENT CLINTON AVENUE<br>LITTLE ROCK, AR 72201 | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                      | 40,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                            |                                                                                                                    |                                      |                                                      | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |                                                                                                           |                                |                                  |           |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                        |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                       |                                                                                                           |                                |                                  |           |
| CLOSEGAP2219 MAIN ST UNIT STE 442<br>SANTA MONICA, CA 90405                                                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 50,000    |
| COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS<br>1901 PENNSYLVANIA AVE NW STE 10<br>WASHINGTON, DC 20006 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 100,000   |
| COMMUNITY SOLUTIONS<br>60 BROAD STREET SUITE 2510<br>NEW YORK, NY 10004                                    | N/A                                                                                                       | PC                             | BUILT FOR ZERO                   | 20,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                                |                                                                                                           |                                |                                  | 3,428,699 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                | Amount    |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|-----------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                                                    |           |
| <b>a</b> <i>Paid during the year</i>                              |                                                                                                                    |                                      |                                                                    |           |
| CAF AMERICA<br>225 REINEKERS LANE STE 375<br>ALEXANDRIA, VA 22314 | N/A                                                                                                                | PC                                   | ENABLER OF MATCHING GRANTS<br>TO BRAZIL WITH BANCO DE<br>ALIMENTOS | 25,000    |
| CONVERGENCE ANALYSIS<br>1762 SPRUCE ST<br>BERKELEY, CA 94709      | N/A                                                                                                                | PC                                   | GENERAL SUPPORT, AND<br>SUPPORT FOR MODELLING<br>COOPERATING       | 84,000    |
| DMT QUEST<br>2405 GREENDALE DR SOUTH<br>SAN FRANCISCO, CA 94080   | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                    | 100       |
| <b>Total . . . . . ▶ 3a</b>                                       |                                                                                                                    |                                      |                                                                    | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| DOCTORS WITHOUT BORDERS<br>40 RECTOR STREET<br>NEW YORK, NY 10006                                        | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 10,000    |
| EQUAL JUSTICE INITIATIVE<br>122 COMMERCE ST<br>MONTGOMERY, AL 36104                                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 21,667    |
| FEEDING AMERICA<br>35 EAST WACKER DRIVE SUITE 2000<br>CHICAGO, IL 60601                                  | N/A                                                                                                       | PC                             | FOOD AID IN THE US               | 40,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |           |
| FUTURE OF LIFE INSTITUTEPO BOX 706<br>ALLSTON, MA 02134                                                  | N/A                                                                                                       | PC                             | DARPA ADVOCACY CAMPAIGN<br>AND GENERAL SUPPORT | 65,000    |
| GIVE A BOOK<br>1110 NUUANU AVE UNIT A1-290<br>HONOLULU, HI 96817                                         | N/A                                                                                                       | PC                             | GENERAL SUPPORT                                | 10,000    |
| GIVEDIRECTLYPO BOX 3221<br>NEW YORK, NY 10008                                                            | N/A                                                                                                       | PC                             | KENYA AND USA PROJECTS,<br>AND GENERAL SUPPORT | 160,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| GIVEWELL1714 FRANKLIN ST 100335<br>OAKLAND, CA 94612                                                     | N/A                                                                                                       | PC                             | UNRESTRICTED                         | 60,000    |
| GOONJJ-93<br>SARITA VIHAR, NEW DELHI 110076<br>IN                                                        | N/A                                                                                                       | NC                             | FOOD AID IN INDIA                    | 50,000    |
| HELEN KELLER INTERNATIONAL<br>ONE DAG HAMMARSKJOLD PLAZA<br>FLOOR 2<br>NEW YORK, NY 10017                | N/A                                                                                                       | PC                             | VITAMIN A SUPPLEMENTATION<br>PROGRAM | 10,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| HIGHLANDER RESEARCH & EDUCATION CENTER INC<br>1959 HIGHLANDER WAY<br>NEW MARKET, TN 37820                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 10,000    |
| IDINSIGHT<br>576 SACRAMENTO STREET 1ST FLOOR<br>SAN FRANCISCO, CA 94111                                  | N/A                                                                                                       | PC                             | COVID RESPONSE                   | 150,000   |
| IODINE GLOBAL NETWORK<br>PO BOX 51030 375 DES EPINETTES<br>OTTAWA, ONTARIO K1E 3E6<br>CA                 | N/A                                                                                                       | NC                             | GENERAL SUPPORT                  | 1,200     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 3,428,699 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                              |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                             |                                                                                                                    |                                      |                                     |           |
| JOHNS HOPKINS UNIVERSITY<br>3910 KESWICK ROAD SUITE N2100<br>BALTIMORE, MD 21211 | N/A                                                                                                                | PC                                   | CENTER FOR HEALTH SECURITY          | 100,000   |
| KT SUPPORT GROUP<br>1471 GREYSTONE LN<br>MILFORD, OH 45150                       | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                     | 10,000    |
| L214ASSOCIATION L214 CS20317<br>LYON, CEDEX 69363<br>FR                          | N/A                                                                                                                | NC                                   | GENERAL SUPPORT                     | 8,793     |
| <b>Total . . . . . ▶ 3a</b>                                                      |                                                                                                                    |                                      |                                     | 3,428,699 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                          |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution         | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                          |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                          |           |
| MACHINE INTELLIGENCE RESEARCH INSTITUTE<br>2342 SHATTUCK AVENUE STE 502<br>BERKELEY, CA 94704            | N/A                                                                                                       | PC                             | GENERAL SUPPORT                          | 883,000   |
| MALARIA CONSORTIUM<br>8024 UPPER LAKE DR<br>RALEIGH, NC 27615                                            | N/A                                                                                                       | PC                             | SEASONAL MALARIA CHEMOPREVENTION PROGRAM | 10,000    |
| MEALS ON WHEELS AMERICA<br>1550 CRYSTAL DRIVE STE 1004<br>ARLINGTON, VA 22202                            | N/A                                                                                                       | PC                             | NATIONAL COVID RELIEF FUND               | 100,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                          | 3,428,699 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-----------|
| Name and address (home or business)                                            |                                                                                                                    |                                      |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                           |                                                                                                                    |                                      |                                     |           |
| MEDIAN GROUP340 S LEMON AVE<br>WALNUT, CA 91789                                | N/A                                                                                                                | PC                                   | MEDIAN FOUNDATION                   | 98,000    |
| ALLIANCE FOR GLOBAL JUSTICE<br>225 E 26TH ST STE 1<br>TUCSON, AZ 85713         | N/A                                                                                                                | PC                                   | MOVEMENT FOR BLACK LIVES            | 10,000    |
| NAACP EMPOWERMENT PROGRAMS INC<br>4805 MOUNT HOPE DRIVE<br>BALTIMORE, MD 21215 | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                     | 2,400     |
| <b>Total . . . . . ▶ 3a</b>                                                    |                                                                                                                    |                                      |                                     | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| NAACP LEGAL DEFENSE AND EDUCATIONAL FUND<br>40 RECTOR STREET 5TH FLOOR<br>NEW YORK, NY 10006             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 5,000     |
| NUCLEAR THREAT INITIATIVE<br>1776 EYE STREET NW STE 600<br>WASHINGTON, DC 20006                          | N/A                                                                                                       | PC                             | BIOSECURITY PROGRAM              | 100,000   |
| ORGAN PRESERVATION ALLIANCE INCORPORATED<br>950 GILMAN ST STE 200<br>BERKELEY, CA 94710                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 100,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PLANNED PARENTHOOD FEDERATION OF AMERICA<br>123 WILLIAM STREET<br>NEW YORK, NY 10038                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 3,000     |
| POLICING EQUITY<br>347 WEST 57TH STREET STE 304<br>NEW YORK, NY 10019                                    | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 21,667    |
| QUANTIFIED UNCERTAINTY RESEARCH INSTITUTE<br>3590 20TH ST<br>SAN FRANCISCO, CA 94110                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 60,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| RETHINK PRIORITIES<br>530 DIVISADERO ST PMB STE 796<br>SAN FRANCISCO, CA 94117                           | N/A                                                                                                       | PC                             | GENERAL SUPPORT                      | 57,000    |
| SOUTHERN POVERTY LAW CENTER<br>400 WASHINGTON AVE<br>MONTGOMERY, AL 36104                                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                      | 16,667    |
| CHARITY SCIENCE FOUNDATION OF CANADA<br>1001 - 5068 KWANTLEN STREET<br>RICHMOND, BC V6X4K2<br>CA         | N/A                                                                                                       | NC                             | SUVITA'S COVID RELATED WORK IN INDIA | 65,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 3,428,699 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                 | Amount    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                 |                                                                                                                    |                                      |                                                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                |                                                                                                                    |                                      |                                                                     |           |
| MICHAEL RUBEL<br>1027 W ANGELENO AVE APT 107<br>BURBANK, CA 91506                   | NONE                                                                                                               | I                                    | TELESCOPIC RESEARCH                                                 | 33,200    |
| THE FUTURE SOCIETY INC<br>23 WINTER ST STE 1<br>SOMERVILLE, MA 02144                | N/A                                                                                                                | PC                                   | GENERAL SUPPORT                                                     | 130,000   |
| THE INTERNATIONAL RESCUE<br>COMMITTEE<br>122 EAST 42ND STREET<br>NEW YORK, NY 10168 | N/A                                                                                                                | PC                                   | PROJECTS IN LEBANON,<br>COMBATting COVID-19, AND<br>GENERAL SUPPORT | 100,000   |
| <b>Total . . . . . ▶ 3a</b>                                                         |                                                                                                                    |                                      |                                                                     | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE NOWAK SOCIETY305 GALAXY WAY<br>FORT COLLINS, CO 80525                                                | N/A                                                                                                       | PC                             | RTT PSILOCYBIN ADVOCACY FUND     | 7,500     |
| NEW VENTURE FUND<br>1201 CONNECTICUT AVE NW STE 300<br>WASHINGTON, DC 20036                              | N/A                                                                                                       | PC                             | TRACETOZERO                      | 25,000    |
| VILLAGE ENTERPRISE<br>751 LAUREL STREET PMB 222<br>SAN CARLOS, CA 94070                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 25,244    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 3,428,699 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| VOTEAMERICA1270 GROVE ST APT 301<br>SAN FRANCISCO, CA 94117                                              | N/A                                                                                                       | PC                             | ENCOURAGE STUDENT VOTE EFFORTS       | 25,000    |
| GOOD FOOD INSTITUTE<br>1380 MONROE ST NW STE 229<br>WASHINGTON, DC 20010                                 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                      | 10,000    |
| BANDHAN<br>DN-32 SECTOR-V SALT LAKE CITY<br>KOLKATA, WEST BENGAL 700 091<br>IN                           | N/A                                                                                                       | NC                             | TARGETING THE HARD CORE POOR PROGRAM | 63,626    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 3,428,699 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |           |
| FOUNDERS PLEDGE15-19 BAKERS ROW<br>FARRINGDON, LONDON EC1R 3DG<br>UK                                                 | N/A                                                                                                       | NC                             | GENERAL SUPPORT                  | 175,781   |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 3,428,699 |

**TY 2020 Accounting Fees Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING      | 14,875        | 744                              |                                | 14,131                                               |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2020 Depreciation Schedule**

**Name:** FOUNDERS PLEDGE INC

**EIN:** 37-1795297

Depreciation Schedule

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| COMPUTER EQUIPMENT      |               | 19,973              | 2,492                     | SL                 | 0 %                      | 3,956                               | 0                     |                     |                                 |

**TY 2020 Investments Corporate Stock Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297**Investments Corporation Stock Schedule**

| <b>Name of Stock</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------|-------------------------------|--------------------------------------|
| COMMON STOCK         | 252,310                       | 255,000                              |

**TY 2020 Land, Etc.  
Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297

| Category / Item    | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|--------------------|--------------------|--------------------------|------------|-------------------------------|
| COMPUTER EQUIPMENT | 19,973             | 6,448                    | 13,525     | 13,525                        |

**TY 2020 Legal Fees Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL    | 13,198 | 0                        |                        | 13,198                                      |

**TY 2020 Other Assets Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297**Other Assets Schedule**

| Description      | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|------------------|-----------------------------------|-----------------------------|------------------------------------|
| EMPLOYEE ADVANCE | 3,500                             |                             |                                    |
| DEPOSITS         | 2,850                             |                             |                                    |

**TY 2020 Other Expenses Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297**Other Expenses Schedule**

| Description            | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| DUES AND SUBSCRIPTIONS | 3,850                          | 0                     |                     | 3,850                                 |
| INSURANCE              | 771                            | 0                     |                     | 771                                   |
| INFORMATION TECHNOLOGY | 22,243                         | 0                     |                     | 22,243                                |
| STAFF TRAINING         | 21,488                         | 0                     |                     | 21,488                                |
| OFFICE EXPENSES        | 4,666                          | 0                     |                     | 4,666                                 |
| ADVERTISING            | 72                             | 0                     |                     | 72                                    |
| MISCELLANEOUS          | 15,070                         | 0                     |                     | 15,070                                |



**TY 2020 Other Increases Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297**Other Increases Schedule**

| Description                     | Amount |
|---------------------------------|--------|
| CHANGE IN INVESTMENT COST BASIS | 37,361 |

**TY 2020 Other Liabilities Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297

| Description          | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
|----------------------|-----------------------------------|-----------------------------|
| DUE TO RELATED PARTY | 23,583                            | 23,583                      |

**TY 2020 Other Professional Fees Schedule****Name:** FOUNDERS PLEDGE INC**EIN:** 37-1795297

| <b>Category</b>  | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT FEES  | 60,010        | 60,010                           |                                | 0                                                    |
| LEASED EMPLOYEES | 1,215,294     | 0                                |                                | 1,215,294                                            |
| CONSULTANTS      | 50,934        | 0                                |                                | 50,934                                               |

# TY 2020 Substantial Contributors Schedule

**Name:** FOUNDERS PLEDGE INC

**EIN:** 37-1795297

| Name                                | Address                                                  |
|-------------------------------------|----------------------------------------------------------|
| CENTRE FOR EFFECTIVE ALTRUISM       | 2054 UNIVERSITY AVENUE STE 300<br>BERKELEY, CA 94704     |
| ROBBY WALKER                        | 2412 HARRISON ST UNIT 106<br>SAN FRANCISCO, CA 94110     |
| SILICON VALLEY BANK                 | 3005 TASMAN DRIVE<br>SANTA CLARA, CA 95054               |
| GOOD VENTURES FOUNDATION            | 314 LYTTON AVE STE 200<br>PALO ALTO, CA 94301            |
| JAAN TALLIN                         |                                                          |
| SILICON VALLEY COMMUNITY FOUNDATION | 2440 W EL CAMINO REAL STE 300<br>MOUNTAIN VIEW, CA 94040 |

|                                                                                                                              |                                                                                                                                                                                            |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b><br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047<br><br><b>2020</b>                |
|                                                                                                                              | Name of the organization<br>FOUNDERS PLEDGE INC                                                                                                                                            | <b>Employer identification number</b><br>37-1795297 |

Organization type (check one):

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

- ☒ 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 other 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<sup>1</sup>/<sub>3</sub>% 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
FOUNDERS PLEDGE INC

Employer identification number

37-1795297

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                      |
|------------|---------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| —          | See Additional Data Table<br>_____<br>_____ | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          | _____<br>_____<br>_____                     | \$ _____                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of organization<br>FOUNDERS PLEDGE INC | Employer identification number<br>37-1795297 |
|---------------------------------------------|----------------------------------------------|

| <b>Part II</b>            |                                              |                                                |                      |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| <b>Noncash Property</b>   |                                              |                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <u>3</u>                  | 168 SHARES OF AAPL                           | \$ 77,867                                      | 2020-08-13           |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <u>4</u>                  | SHARES OF MICROSOFT                          | \$ 50,751                                      | 2020-12-21           |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <u>18</u>                 | 5,000 SHARES OF UBER                         | \$ 255,029                                     | 2020-12-29           |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| <u>20</u>                 | 165 SHARES OF TESLA                          | \$ 109,509                                     | 2020-12-28           |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              | \$                                             |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         |                                              | \$                                             |                      |

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of organization<br>FOUNDERS PLEDGE INC | Employer identification number<br>37-1795297 |
|---------------------------------------------|----------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____<br>Use duplicate copies of Part III if additional space is needed. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                                       |                         |                                          |
|---------------------------|---------------------------------------|-------------------------|------------------------------------------|
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ | _____<br>_____<br>_____                  |
|                           | (e) Transfer of gift                  |                         |                                          |
|                           | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ | _____<br>_____<br>_____                  |
|                           | (e) Transfer of gift                  |                         |                                          |
|                           | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ | _____<br>_____<br>_____                  |
|                           | (e) Transfer of gift                  |                         |                                          |
|                           | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ | _____<br>_____<br>_____                  |
|                           | (e) Transfer of gift                  |                         |                                          |
|                           | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                           | _____<br>_____<br>_____               | _____<br>_____<br>_____ |                                          |



Additional Data

Software ID:  
Software Version:  
EIN: 37-1795297  
Name: FOUNDERS PLEDGE INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                 |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------|
| <u>1</u>   | ANDY MCLOUGHLIN                   | \$ 125,000                 | Person <input checked="" type="checkbox"/>                                                  |
|            | 4 PALO ALTO SQUARE                |                            | Payroll <input type="checkbox"/>                                                            |
|            | PALO ALTO, CA 94306               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>2</u>   | CENTRE OF EFFECTIVE ALTRUISM      | \$ 200,000                 | Person <input checked="" type="checkbox"/>                                                  |
|            | 2054 UNIVERSITY AVENUE STE 300    |                            | Payroll <input type="checkbox"/>                                                            |
|            | BERKELEY, CA 94704                |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>3</u>   | ROBBY WALKER                      | \$ 77,867                  | Person <input type="checkbox"/>                                                             |
|            | 2412 HARRISON ST UNIT 106         |                            | Payroll <input type="checkbox"/>                                                            |
|            | SAN FRANCISCO, CA 94110           |                            | Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>4</u>   | ROBBY WALKER                      | \$ 50,751                  | Person <input type="checkbox"/>                                                             |
|            | 2412 HARRISON ST UNIT 106         |                            | Payroll <input type="checkbox"/>                                                            |
|            | SAN FRANCISCO, CA 94110           |                            | Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>5</u>   | SILICON VALLEY BANK               | \$ 1,100,000               | Person <input checked="" type="checkbox"/>                                                  |
|            | 3005 TASMAN DRIVE                 |                            | Payroll <input type="checkbox"/>                                                            |
|            | SANTA CLARA, CA 95054             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>6</u>   | US SMALL BUSINESS ADMINISTRATION  | \$ 198,447                 | Person <input checked="" type="checkbox"/>                                                  |
|            | 409 3RD ST SW                     |                            | Payroll <input type="checkbox"/>                                                            |
|            | WASHINGTON, DC 20416              |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                                                             |
|------------|-------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|
| <u>7</u>   | AARON MERCHAK                       | \$ 250,000                 | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | 1609 N SCOTT ST                     |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | WILMINGTON, DE 19806                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>8</u>   | NATIONAL PHILANTHROPIC TRUST        | \$ 150,000                 | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | 165 TOWNSHIP LINE RD STE 1200       |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | JENKINTOWN, PA 19046                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>9</u>   | NATIONAL PHILANTHROPIC TRUST        | \$ 333,333                 | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | 165 TOWNSHIP LINE RD STE 1200       |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | JENKINTOWN, PA 19046                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>10</u>  | NATIONAL PHILANTHROPIC TRUST        | \$ 48,000                  | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | 165 TOWNSHIP LINE RD STE 1200       |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | JENKINTOWN, PA 53223                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>11</u>  | DAVID HELGASON                      | \$ 150,000                 | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | C/O FOOBAR TECHNOLOGIES II EHLERSVE |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | HELLERUP, DA                        |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>12</u>  | JAAN TALLIN                         | \$ 4,120,000               | <b>Person</b> <input checked="" type="checkbox"/>                                       |
|            | C/O SLIMROCK INVESTMENTS 60 PAYA LE |                            | <b>Payroll</b> <input type="checkbox"/>                                                 |
|            | PAYA LEBAR SQUARE, 08-43 SN         |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |

**Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.**

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                        |
|------------|-------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------|
| <u>13</u>  | SILICON VALLEY COMMUNITY FOUNDATION | \$ 1,000,000               | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 2440 W EL CAMINO REAL STE 300       |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | MOUNTAIN VIEW, CA 94040             |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>14</u>  | JON TAI                             | \$ 51,166                  | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | PO BOX 2012                         |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | DUBLIN, CA 94568                    |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>15</u>  | NATIONAL PHILANTHROPIC TRUST        | \$ 350,000                 | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | K CRISSWELL/D NARDUCCI FUND 165 TOW |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | JENKINTOWN, PA 19046                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>16</u>  | FIDELITY CHARITABLE                 | \$ 175,000                 | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 200 SEAPORT BLVD                    |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | BOSTON, MA 02210                    |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>17</u>  | NATIONAL PHILANTHROPIC TRUST        | \$ 75,000                  | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 165 TOWNSHIP LINE RD STE 1200       |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | JENKINTOWN, PA 19046                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>18</u>  | OLIVER NICHOLAS                     | \$ 261,350                 | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 807B KANSAS STREET                  |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | SAN FRANCISCO, CA 94107             |                            | <b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contribution.) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                        |
|------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------------|
| <u>19</u>  | GOOD VENTURES FOUNDATION          | \$ 1,500,000               | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 314 LYTTON AVE STE 200            |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | PALO ALTO, CA 94301               |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>20</u>  | THORLAF GUITERREZ                 | \$ 109,509                 | <b>Person</b> <input type="checkbox"/>                                                             |
|            | 1639 19TH ST                      |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | SAN FRANCISCO, CA 94107           |                            | <b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| <u>21</u>  | MORGAN STANLEY DONOR ADVISED FUND | \$ 50,000                  | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 2000 WESTCHESTER AVE              |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | PURCHASE, NY 10577                |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>22</u>  | UNCORK CAPITAL                    | \$ 50,000                  | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 4 PALO ALTO SQUARE STE 2          |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | PALO ALTO, CA 94306               |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>23</u>  | FIDELITY CHARITABLE               | \$ 6,000                   | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | 200 SEAPORT BLVD                  |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | BOSTON, MA 02210                  |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |
| <u>24</u>  | DANIEL SCHREIBER                  | \$ 7,370                   | <b>Person</b> <input checked="" type="checkbox"/>                                                  |
|            | YORAM RONEN 22 FLAT 4             |                            | <b>Payroll</b> <input type="checkbox"/>                                                            |
|            | JERUSALEM, 9640841 IS             |                            | <b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.)            |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                      |
|------------|------------------------------------|----------------------------|----------------------------------------------------------------------------------|
| 25         | KAREN CRISSWELL                    | \$ 10,000                  | Person <input checked="" type="checkbox"/>                                       |
|            | 16 RIO PINAR TRAIL                 |                            | Payroll <input type="checkbox"/>                                                 |
|            | ORMOND BEACH, FL 32174             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 26         | FIDELITY CHARITABLE                | \$ 40,000                  | Person <input checked="" type="checkbox"/>                                       |
|            | 200 SEAPORT BLVD                   |                            | Payroll <input type="checkbox"/>                                                 |
|            | BOSTON, MA 02210                   |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 27         | GURDANE BHUTANI                    | \$ 8,875                   | Person <input checked="" type="checkbox"/>                                       |
|            | 2093 PHILADELPHIA PIKE 8808        |                            | Payroll <input type="checkbox"/>                                                 |
|            | CLAYMONT, DE 19703                 |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 28         | JAVIER AGUERA RENESES              | \$ 8,000                   | Person <input checked="" type="checkbox"/>                                       |
|            | 100 LANDSDOWNE ST APT 201          |                            | Payroll <input type="checkbox"/>                                                 |
|            | CAMBRIDGE, MA 02139                |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 29         | VIKRANT BHARGAVA                   | \$ 75,000                  | Person <input checked="" type="checkbox"/>                                       |
|            | C/O VEDDIS LTD KEMP HOUSE 160 CITY |                            | Payroll <input type="checkbox"/>                                                 |
|            | LONDON, EC1V 2NX UK                |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 30         | FIDELITY CHARITABLE                | \$ 50,000                  | Person <input checked="" type="checkbox"/>                                       |
|            | 200 SEAPORT BLVD                   |                            | Payroll <input type="checkbox"/>                                                 |
|            | BOSTON, MA 02210                   |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                             |
|------------|-------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>31</u>  | EDGEMAN COACHING                    | \$ 80,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
|            | 1548 CAPITACILLOS DR                |                            |                                                                                                                                                                                         |
|            | SAN JOSE, CA 95120                  |                            |                                                                                                                                                                                         |
| <u>32</u>  | DAMIAN KIMMELMAN                    | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
|            | 800 3RD AVE                         |                            |                                                                                                                                                                                         |
|            | NEW YORK, NY 10022                  |                            |                                                                                                                                                                                         |
| <u>33</u>  | KATIE KIMMELMAN                     | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
|            | 800 3RD AVE                         |                            |                                                                                                                                                                                         |
|            | NEW YORK, NY 10022                  |                            |                                                                                                                                                                                         |
| <u>34</u>  | NATIONAL PHILANTHROPIC TRUST        | \$ 20,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
|            | 165 TOWNSHIP LINE RD STE 1200       |                            |                                                                                                                                                                                         |
|            | JENKINTOWN, PA 19046                |                            |                                                                                                                                                                                         |
| <u>35</u>  | FOUNDERS FOR GOOD LTD               | \$ 121,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
|            | RUNWAY EAST LONDON BRIDGE 20 ST THO |                            |                                                                                                                                                                                         |
|            | LONDON, SE1 9RS UK                  |                            |                                                                                                                                                                                         |