Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**23**

Open to Public Inspection

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

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

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

Α	For the 2	2023 caleng	dar year, or tax year beginning 01/01/2023 and ending	12/31/2	023					
В	Check if a	pplicable:	C Name of organization PeeringDB		D Empl	oyer identification number				
П	Address c	hange	Doing business as			46-5097487				
П	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite	E Telep	hone number				
П	Initial retur	•	1700 7th Ave Ste 116 PMB 299		·	206-367-4320				
П		 /terminated	City or town, state or province, country, and ZIP or foreign postal code							
Ħ	Amended		Seattle, WA 98101		G Gross	receipts \$ 288,136				
Н	Application			(a) le this a aro						
ш	Application	in pending		.,	group return for subordinates? Yes No subordinates included? Yes No					
_	Tax-exem	nt etatue:				ee instructions.				
÷	Website:			(c) Group ex						
<u></u>				· · · · · ·						
_				2015	IVI State	of legal domicile: WA				
F	art I	Summa								
•	1 E	Briefly des	cribe the organization's mission or most significant activities: Operation of	f https://wv	ww.pee	ringdb.com/				
ũ										
Governance										
ĕ	1		box $\ \square$ if the organization discontinued its operations or disposed of mor		% of it	ts net assets.				
ၓ	1		voting members of the governing body (Part VI, line 1a)		3	5				
مخ در	1		independent voting members of the governing body (Part VI, line 1b) .		4	5				
Ę.	5 T	otal numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	0				
Activities &	6 T	otal numb	per of volunteers (estimate if necessary)		6	25				
Ą	7a T	otal unrel	ated business revenue from Part VIII, column (C), line 12		7a	0				
	b N	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0				
				Prior Year		Current Year				
ø)	8 (Contributio	ons and grants (Part VIII, line 1h)	2	15,941	279,941				
Revenue	1		ervice revenue (Part VIII, line 2g)		0	0				
		-	t income (Part VIII, column (A), lines 3, 4, and 7d)		300 8,195					
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 0					
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	16,241	288,136				
			I similar amounts paid (Part IX, column (A), lines 1–3)		0	0				
	1		aid to or for members (Part IX, column (A), line 4)		0	0				
	1	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)		0					
Expenses	1					0				
e	1		al fundraising fees (Part IX, column (A), line 11e)		0	0				
X	1		raising expenses (Part IX, column (D), line 25)							
_	1		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		67,653	199,059				
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		67,653	199,059				
- "		Revenue le	ess expenses. Subtract line 18 from line 12		48,588	89,077				
Net Assets or Fund Balances				ning of Curre		End of Year				
sset	20 T		s (Part X, line 16)	2	58,963	348,039				
M A	21 T		ties (Part X, line 26)		0	0				
			or fund balances. Subtract line 21 from line 20	2	58,963	348,039				
P	art II	Signatu	re Block							
			I declare that I have examined this return, including accompanying schedules and statements			my knowledge and belief, it is				
tru	e, correct,	and complete	e. Declaration of preparer (other than officer) is based on all information of which preparer has a	ariy kilowled	ge.					
		/e-filed/		May	y 12th,	2024				
Si	gn	Signature	of officer	Date	•					
He	ere	Chris Ca	puto, Secretary/Treasurer							
			int name and title							
Da	.i.d	Print/Type	preparer's name Preparer's signature Date		Check	if PTIN				
Pa					self-em					
	eparer	Firm's nan	ne	Firm's	EIN	I				
US	e Only	Firm's add		Phone						
Ma	y the IRS		this return with the preparer shown above? See instructions			. Yes No				

Form 990 (2023) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III . . . Briefly describe the organization's mission: Operation of https://www.peeringdb.com/ Did the organization undertake any significant program services during the year which were not listed on the Yes ✓ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ✓ No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: _____) (Expenses \$ _____199,059 including grants of \$ _____0) (Revenue \$ _____\$ 279,941) The Corporation is organized exclusively for the benefit of, to perform the functions of, or to carry out the purposes of a freely available webbased database of networks, colocation facilities, Internet exchange providers, and other information related to peering on the Internet. including grants of \$ (Code:) (Expenses \$ including grants of \$ _____) (Revenue \$

0) (Revenue \$

199,059

4d

(Expenses \$

Total program service expenses

Other program services (Describe on Schedule O.)

o including grants of \$

Form 9	orm 990 (2023)				
Part	IV Checklist of Required Schedules				
		Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A				

1	complete Schedule A	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		\(\tau \)
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
l4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part	IV Checklist of Required Schedules (continued)		•	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		\ \
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	,	
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		v v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	•	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country	4a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
L	and services provided to the payor?	7a 7b		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
الم	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Toa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		ر, ا
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		·
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b / Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a V If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

Chris Caputo, (206)367-4320

Form 990 (2023) Page **7**

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

$\hfill \Box$ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any current	officer, director,	or trustee.
			(C)							
(A) Name and title	(B) Average	Position (do not check more than of box, unless person is both				e than o		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated employee		compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
Christopher Malayter	5.00									
President and Director	0.00	~		~				0	0	0
Aaron Hughes	5.00									
Vice President and Director	0.00	~		~				0	0	0
Patrick Gilmore	2.00									
Director (term ended 5/2023)	0.00	~					~	0	0	0
Rahul Makhija	1.00									
Director (term started 5/2023)	0.00	~						0	0	0
Livio Morina	6.46									
Director (term started 5/2023)	0.00	~						0	0	0
Bijal Sanghani	1.00									
Director (term ended 5/2023)	0.00	~					~	0	0	0
Job Snijders	6.00									
Director	0.00	~						0	0	0
Chris Caputo	4.20									
Secretary/Treasurer	0.00	-		~				0	0	0
		-								
	ļ	-								

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					(0	C)					
	(A)	(B)	(do n	not ch		ition	e than o	nne.	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reportable	Estimated amount
		hours per week		_		_	or/trus		compensation from the	compensation from related	of other compensation
		(list any	ndiv or di	nsti	Officer	Key employee	amp High	Former		organizations (W-2/	
		hours for related	rect	utio	ğ	emp	est o	ਜੁ	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations below	e fi	nal t		loye) omp				
		dotted line)	Individual trustee or director	Institutional trustee		Ď	Highest compensated employee				
				8			ated				
			-								
			-								
			1								
			-								
			1								
			-								
			1								
1b	Subtotal		٠						0	0	0
С	Total from continuation sheets to Part										
d	Total (add lines 1b and 1c) Total number of individuals (including	 but not		٠ ام				tad	0	0	
2	reportable compensation from the organi		IIIIILE	ea i	10 1	mos	se iis	tea	,	eceived more	than \$100,000 or
									0		Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	кеу е	mpl	loyee, or highes	st compensated	
	employee on line 1a? If "Yes," complete										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	greater th	an \$1	150,	,000)? [t "Ye	s,"	complete Sched	dule J for such	
5	Did any person listed on line 1a receive of	· · · ·	· ·	· nca	tion	fro	 m anv			tion or individua	4
3	for services rendered to the organization										5
Secti	on B. Independent Contractors								,		
1	Complete this table for your five high										
	compensation from the organization. Rep	ort compen	sation	n foi	r the	e ca	lenda	r ye	ar ending with or	within the organ	nization's tax year.
	(A)								(B)		(C)
N.	Name and business add	ress							Description of serv	rices	Compensation
None										+	_
2	Total number of independent contractor						ed to	th	ose listed abov	e) who	
	received more than \$100,000 of compens	auon from	rue or	yan	ıı∠at	ion			0		

1 01111 330 (2020	
Part VIII	atement of Revenue

		Check if Schedule	O co	ntains a re	espon	ise or note to ar	iy line in this Pa	ırt VIII		📙
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
रें रे	1a	Federated campaig	ns .		1a	0				
au au	b	Membership dues			1b	0				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events			1c	0				
Ę, ţ	d	Related organizatio			1d	0				
호	e	Government grants			1e	0				
s, (f	All other contribution			10	0				
on	'	and similar amounts no			4.6					
₽ E					1f	279,941				
등장	g	Noncash contribution								
달		lines 1a-1f			1g	\$ 0				
ā ŏ	h	Total. Add lines 1a-	-1f .				279,941			
						Business Code				
ဗ္ဗ	2a									
اه ځ	b									
Se	C									
ΕĒ	d									
gram Ser Revenue										
Program Service Revenue	e	A.III								
₫	f	All other program so								
	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun	•				8,195	8,195	0	0
	4	Income from investr	ment o	of tax-exem	npt bo	and proceeds	0	0	0	0
	5	Royalties					0	0	0	0
		-		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c		0	0				
	C	, ,				U				
	_d	Net rental income o	or (ios:	1'		(:) Other:				
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
e l	b	Less: cost or other basis								
Ę		and sales expenses .	7b							
ě	С	Gain or (loss)	7c		0	0				
ě	d	Net gain or (loss)	<u> </u>							
her Revenue	8a	Gross income fro	m fu							
ᅗ	\ Oa	events (not including								
_		of contributions re	Ψ	d on line	-					
		1c). See Part IV, line			0-					
		·			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss	,		ig eve	nts				
	9a	Gross income								
		activities. See Part	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss) from	gaming a	ctivitie	es				
		Gross sales of in	,							
		returns and allowan		10a						
	b	Less: cost of goods			10b					
	C	Net income or (loss)rv				
	U	TVGL ITICOTTIE OF (1088)	, 11011	i sai c s Ui II	IVEIIL	T .				
Miscellaneous Revenue						Business Code				
e e	11a									
scellaneo Revenue	b									
e e	С									
<u>iš</u>	d									
Σ	е	Total. Add lines 11a	a–11c	<u>I.</u>			0			
	12	Total revenue. See					288,136	8,195	0	0

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (A) Total expenses (B) Program service expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): Management а 42,477 b Legal 130 С Accounting 47 Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . 14 13 Office expenses 491 14 Information technology 27,389 15 16 Occupancy 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 978 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Licenses, Misc, Permits, Postage, Sales Tax, Rounding 2,321 b Graphic Design 9,263 С Product Manager 54,000 Software Development & Maintenance 61,949 All other expenses 25 Total functional expenses. Add lines 1 through 24e 199,059 0 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if

Balance Sheet	Part X	Balance	Sheet
---------------	--------	---------	-------

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	56,166	1	29,940
	2	Savings and temporary cash investments	202,797	2	318,099
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	258,963	16	348,039
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
	••			25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	258,963	27	348,039
Ва	28	Net assets with donor restrictions	0	28	0
nd		Organizations that do not follow FASB ASC 958, check here	•		
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
≯t A	32	Total net assets or fund balances	258,963	32	348,039
ž	33	Total liabilities and net assets/fund balances	258,963	33	348,039
			,		Form 990 (2023)

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			288	8,136	
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses. Subtract line 2 from line 1	3			89	9,077	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			258	8,963	
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8		0			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			348	8,039	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_		Yes	No	
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other ☐ Ot						
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	cplain	on				
				2a		~	
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	d or				
	reviewed on a separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		-	2b			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts						
				2c			
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpıaırı	i on				
2-			the				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
L	•			3a			
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			2h			
	required addit of addits, explain why on somedule O and describe any steps taken to undergo such a	เนนแร		3b		(0000)	

Form **990** (2023)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of Peeri	of the organization ngDB						dentification r 6-5097487	number
Par	General Information Form 990, Part IV, line	on Activit	ties Outside	the United States. Con	nplete if the orga	nization a	nswered "\	res" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the gran		selection criteria	used to	☐ Yes	□ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its	grants and	d other ass	istance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specific service(s) in the	rvice, c type of	(f) Tot expenditu and invest in the re	res for ments
(1)	Europe (including Iceland and (0	2	Program Services	Public Relations			9,275
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Subtotal							
b	Total from continuation	1					I	

sheets to Part I c Totals (add lines 3a and 3b)

9,275

	Part II	Schedule F (
Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	Schedule F (Form 990) 2023 Page 2

				1 - 3				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nu exempt 501(c	ımber of recipie)(3) organization	Enter total number of recipient organizations listed exempt 501(c)(3) organization by the IRS, or for whice	sted above that are r which the grantee or	ecognized as char	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	country, recognized equivalency letter	as a tax	
I								

Schedule F (Form 990) 2023

Part III Page 3

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

Part III can be duplicated if additional space is needed.

(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	3	(6)	(5)	4	(3)	(2)	(1)	6
																		(a) Type of grant or assistance
																		of grant or assistance (b) Region (c) Number of recipients
																		(c) Number of recipients
																		(d) Amount of cash grant
																		(e) Manner of cash disbursement
																		(f) Amount of noncash assistance
																		(g) Description of noncash assistance
																		(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023 Page **4**

Part IV Foreign Forms

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

Schedule F (Form 990) 2023 Page **5**

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

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

46-5097487

Peering DB Questions Regarding Compensation Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (C) Retirement are other deferred compensation reportable compensation	S S	(B) Breakdown of W-2 a (i) Base compensation	(i) Base compensation (ii) Bonus & incentive compensation reportable	099-NEC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(D) Nontaxable (E) Total of columns in column (B) reported as deferred on prior	(F) Compensation in column (B) reported as deferred on prior
				compensation				FORIII 990
Patrick Gilmore, Director (term	Ξ	0	0	0	0	0	0	0
1 ended 5/2023)	€	0	0	0	0	0	0	0
Bijal Sanghani, Director (term	(i)	0	0	0	0	0	0	0
2 ended 5/zUZ3)	3	0	0	0	0	0	0	0
	Ξ							
3	(ii)							
	(i)							
4	3							
	≘							
σ	€							
	(E)							
6	(ii)							
	3							
7	(ii)							
	(i)							
8	€							
	Ξ							
9	≘							
	3							
10	3							
	(i)							
11	(ii)							
	3							
12	(ii)							
	Ξ							
13	≘							
	Ξ							
14	≘							
	Ξ							
15	3							
	(i)							
16	(ii)							

SCHEDULE L (Form 990)

(9) (10)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization **Employer identification number Peering DB** 46-5097487 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of transaction (d) Corrected? organization Yes No (1) (2)(3)(4) (5) (6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written by board or with organization from the principal amount agreement? loan organization? committee? Yes No Yes Yes No (1) (2)(3) (4)(5) (6)(7) (8)(9)(10)Total Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (c) Amount of (a) Name of interested person (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1) (2) (3)(4)(5) (6)(7)(8)

Schedule L (Form 990) 2023 Page 2 Part IV **Business Transactions Involving Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the organization (c) Amount of (e) Sharing of organization's revenues? (a) Name of interested person (d) Description of transaction transaction Yes No (1) **Altopia Corporation** 40,758 Consulting services Chris Caputo, Secretary/T ~ (2)(3) (4) (5) (6) (7) (8) (9) (10)Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE O (Form 990)

Name of the organization

Peering DB

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

46-5097487

•
Form 990, Part VI, Section A, Line 6 - The Members elect the Board of Directors and are also able to amend the Bylaws.
Form 990, Part VI, Section A, Line 7a - The Members elect the Board of Directors and are also able to amend the Bylaws.
Form 990, Part VI, Section A, Line 7b - The Members elect the Board of Directors and are also able to amend the Bylaws. Only the
Members may amend Articles 6 and 7 of the Bylaws.
Form 990, Part VI, Section B, Line 11b - A draft of the Form 990 is emailed to the Board of Directors for review and comment, prior to filing.
To mi 330, Tait Vi, Occion B, Eme Tib A diate of the To mi 330 is emailed to the Board of Directors for Teview and Comment, prior to ming.
Form 990, Part VI, Section C, Line 19 - The governing documents and financial statements are available to the public at:
https://gov.peeringdb.com/
Form 000 Bot VI Line 0 Adjustment for a supplier
Form 990, Part XI, Line 9 - Adjustment for rounding.