EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

AF	or the	e 2021 calendar year, or tax year beginning	and	ending			
<b>B</b> c	heck if	C Name of organization			D Employer identifi	ication number	
	Addre						
	Name chang	Doing business as			45-25365	79	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone numbe		
	Final return termin ated		443-681-9384				
	Amen	, , , , , , , , , , , , , , , , , , ,			G Gross receipts \$	6,011,466.	
	_return ☐Applic	,			H(a) Is this a group r for subordinates		
	⊥tiòn pendii	SAME AS C ABOVE			H(b) Are all subordinates i	=	
II	ax-ex	empt status: X 501(c)(3) 501(c) ( )	)(1)	or 527	1	a list. See instructions	
		te: WWW.DIGITALHARBORFOUNDATION.ORG	,,,		H(c) Group exemption	on number	
		organization: X Corporation		<b>L</b> Year	of formation: 2011 i	M State of legal domicile; MD	
Pa	rt I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{SE}$	<u> </u>	SCHEDU	LE O		
Governance					H 050/ -f H 1		
/ern		Check this box	•				
ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1			<u>3</u>	9 9	
		Total number of individuals employed in calendar year 2021 (Part V, line 2a)				94	
iţie		Total number of volunteers (estimate if necessary)				75	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12					
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.	
					Prior Year	Current Year	
<u>o</u>		Contributions and grants (Part VIII, line 1h)			4,931,742.	5,813,656.	
eun		Program service revenue (Part VIII, line 2g)			108,687.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,009.	713.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0. 5,041,438.	6,011,466.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1			0.	0,011,466.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)			0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			818,460.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.		
beu		Total fundraising expenses (Part IX, column (D), line 25)		0.	JAKE		
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			517,553.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,336,013.	3,907,578.	
		Revenue less expenses. Subtract line 18 from line 12			3,705,425.	2,103,888.	
Net Assets or				Ве	ginning of Current Year	End of Year	
sset: 3alar	20	Total assets (Part X, line 16)			4,630,128.	6,702,247.	
et A	21	Total liabilities (Part X, line 26)			194,232. 4,435,896.	162,463. 6,539,784.	
	rt II	Net assets or fund balances. Subtract line 21 from line 20			4,433,030.	0,339,704.	
		Ities of perjury, I declare that I have examined this return, including accompanying sche	dule	s and stateme	ents, and to the best of m	v knowledge and belief, it is	
		et, and complete. Declaration of preparer (other than officer) is based on all information			·	,e.,	
Sign	ı	Signature of officer			Date		
Her	е	ANDREW COY, EXECUTIVE DIRECTOR					
		Type or print name and title		T.e			
_		Print/Type preparer's name  Preparer's signature			Date Check [	PTIN	
Paid		LISA JOHNSON LISA JOHNSON			2/01/23 self-emplo		
Prep		Firm's name GROSS, MENDELSOHN & ASSOCIATES	,	P.A.	Firm's EIN ▶	52-0982413	
Use	uniy	Firm's address 1801 PORTER STREET, SUITE 500 BALTIMORE, MD 21230			Dhans == 11	.0-685-5512	
May	the II	AS discuss this return with the preparer shown above? See instructions			Phone no.41	X Yes No	

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# Form 990 (2021) DIGITAL HARBOR FOUNDATION, INC. 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ <b>.</b> ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) DIGITAL HARBOR FOUNDATION, INC.

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		<del></del>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		24c		
	any tax-exempt bonds?			<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>JZ</b>		32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	აა		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۵		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2021) DIGITAL HARBOR FOUNDATION, INC.

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

			Yes	No				
<b>2</b> a	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		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b						
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD						
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
h	If "Yes," enter the name of the foreign country	ти						
	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		х				
b								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
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 and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	, , , , , , , , , , , , , , , , , , , ,							
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.	0						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
<b>h</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the							
b	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		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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							

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.

	to into ea, es, or resident, according the conductances, proceeding, or changes on contention of	noti dotrorio.			
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			Vaa	l NI a
4.	Enter the number of veting members of the governing heady at the and of the tay year	9		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing				
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	9			
b	Enter the number of voting members included on line 1a, above, who are independent		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				х
•	officer, director, trustee, or key employee?		2		Α.
3	Did the organization delegate control over management duties customarily performed by or under the direct				x
		- £110	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		^-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		l _		<b>₩</b>
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	lders, or	l		٠,,
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	•		7.7	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)		1	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	, affiliates,			
	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or	escribe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	X	
	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 w	ith a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ı's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶MD				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,			
	X Own website Another's website Upon request Other (explain on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	,	l finan	cial	
	statements available to the public during the tax year.	, , , , , , , , , , , , , , , , , , , ,			
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records			
	ANDREW COY - 443-681-9384				
	1045 LIGHT STREET, BALTIMORE, MD 21230				

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate		rector, or trustee.		
(A)	(B)			_ ((	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	itior more	<b>)</b> than d	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of	
	week				l	174443		from	from related	other	
	(list any	irecto						the	organizations	compensation from the	
	hours for related	ord	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization	
	organizations	ruste	trus		ee	npen		1099-NEC)	1099-NEO)	and related	
	below	dual t	tiona	١.	nploy	st cor	_	100011120)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>=</u> a5	
(1) RUTHE FARMER	40.00										
DIRECTOR - LAST MILE EDUCATION FUND						Х		165,080.	0.	0.	
(2) ANDREW COY	40.00										
EXECUTIVE DIRECTOR				Х				135,466.	0.	2,460.	
(3) DAVID STONE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(4) MCKEEVER CONWELL	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(5) MIKE HINKEY	1.00	1						_		_	
BOARD TREASURER	1 22	Х		Х				0.	0.	0.	
(6) WINSTON PHILIP	1.00									•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(7) CHRISTOFER NELSON	1.00	1						0.		0	
SECRETARY  (8) FRANK BONSAL III	1.00	X		X	_			0.	0.	0.	
BOARD CHAIR	1.00	X		Х				0.	0.	0.	
(9) KASEY JARVIS	1.00	-	Н					•	•	•	
BOARD MEMBER		х						0.	0.	0.	
(10) MIKE WRIGHT	1.00	1						_		_	
BOARD MEMBER		Х						0.	0.	0.	
(11) AN-ME CHUNG	1.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
		1									
		1									
		-									

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(da	Position (do not check more than one box, unless person is both an		Reportable	Reportable	F	Estimate	ed			
	hours per	box			n an	compensation	compensation	a	amount (	of		
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		mpensa	tion
	hours for	Individual trustee or director	a a			ted		organization	(W-2/1099-MISC/		from the	е
	related	ste e	ruste			Suac		(W-2/1099-MISC/	1099-NEC)		ganizati	
	organizations below	altru	nal t		loyee	lu og		1099-NEC)			nd relate	
	line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orç	ganizatio	อทธ
	11110)	Ĕ	Ë	JO.	, Ke	불등	요					
		-										
										+		
		1										
						$\vdash$				+		
		1										
						$\vdash$				+		
		1										
										+		
		1										
										$\top$		
		1										
1b Subtotal							ightharpoons	300,546.		•	2,46	
c Total from continuation sheets to Part VI							ightharpoons	0.		•		0.
d Total (add lines 1b and 1c)							<u> </u>	300,546.	0	•	2,46	<u>50.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization											1	2
											Yes	No
3 Did the organization list any <b>former</b> officer,	•		•	•	•	-			loyee on			
line 1a? If "Yes," complete Schedule J for si										3	$\bot$	X
4 For any individual listed on line 1a, is the su											l	
and related organizations greater than \$150										. 4	X	
5 Did any person listed on line 1a receive or a					-				dual for services			37
rendered to the organization? If "Yes," com	plete Schedul	e J fo	o <u>r s</u> ı	ich r	<u>oers</u>	on				. 5		X
Section B. Independent Contractors		$\vdash$	÷	_	_	_				<u> </u>		
1 Complete this table for your five highest co										sation t	rom	
the organization. Report compensation for t	ine calendar ye	ear e	enair	ıg w	ith C	or wi	tnin		ear.		(C)	
(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Comp	( <b>C)</b> ensatior	n
		110	7141	_			_					
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 🕨				(	)						
										_	agn //	0004

		Check if Schedule O contains a respons	e or note to anv lir	ne in this Part VIII			
		·	<b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>"</b>	4 -	Endowsky discount of the Land					00000010 0 12 0 1 1
nts		Federated campaigns 1a		-			
Sra Iou		Membership dues 1b		4			
s, ( Am		Fundraising events 1c		_			
ar E	d	Related organizations 1d					
s, (	е	Government grants (contributions) 1e	359,537.				
ës	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f 5	,454,119.				
ÖĘ	g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	<b></b>	5,813,656.			
			Business Code				
	2 a	PROGRAM FEES	541519	197,097.	197,097.		
ĕ	2 u b		311313	237,0370	23.,03.0		
ne e							
n S	С.						
ar Be	d						
Program Service Revenue	е						
Δ.	f	All other program service revenue		105.005			
	g			197,097.			
	3	Investment income (including dividends, inte					
		other similar amounts)	<b>&gt;</b>	713.			713.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c		-			
	4	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Other	-			
		assets other than inventory 7a		-			
	D	Less: cost or other basis					
nue		and sales expenses <b>7b</b>					
Revenue		Gain or (loss)7c					
		Net gain or (loss)	<b></b>				
her	8 a	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	а				
	b		b				
		Net income or (loss) from gaming activities_					
		Gross sales of inventory, less returns					
	.o u	• • •	Da				
	<b>L</b>		Ob	-			
		J					
-+	c	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eor re	11 a			-			
<u>an</u>	b			-			
Miscellaneous Revenue	С						
Alis	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		6,011,466.	197,097.	0.	713.

#### Part IX | Statement of Functional Expenses

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

00011	Oh salvit Caladula O apptains a vessor		-	•	
	Check if Schedule O contains a respon	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	127 026	34,481.	102 445	
	trustees, and key employees	137,926.	34,401.	103,445.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,711,913.	1,425,529.	286,384.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,001.	22,212.	16,789.	
9	Other employee benefits	167,229.	133,115.	34,114.	
10	Payroll taxes	143,417.	113,365.	30,052.	
11	Fees for services (nonemployees):	,	,	,	
	Management				
	Legal	60,224.		60,224.	
	Accounting	00,224.		00,224.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	342,401.	290,272.	52,129.	
12	Advertising and promotion	24,000.	23,095.	905.	
13	Office expenses	70,959.	42,077.	28,882.	
14	Information technology			10	
15	Royalties				
16	Occupancy	8,292.	8,292.		
	_	19,451.	18,649.	802.	
17	Travel	17,1271	10,013	002.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,525.	1,525.		
19	Conferences, conventions, and meetings	1,325.	1,343.	+	
20	Interest				
21	Payments to affiliates	20 25:		20.254	
22	Depreciation, depletion, and amortization	32,354.		32,354.	
23	Insurance	9,107.		9,107.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SCHOLARSHIPS, STIPENDS,	1,016,710.	1,016,710.		
b	BAD DEBT EXPENSE	59,930.	52,113.	7,817.	
2	PROGRAM EQUIPMENT AND S	32,134.	31,957.	177.	
d	MISC EXPENSE	16,968.	12,323.	4,645.	
		14,037.	7,976.	6,061	
	All other expenses	3,907,578.	3,233,691.		0.
25	Total functional expenses. Add lines 1 through 24e	3,301,310.	3,433,091.	673,887.	/ 0.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010	) 12-09-21				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,238,194.	1	4,657,777.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	2,278,522.	3	1,961,343.		
	4	Accounts receivable, net	34,935.	4	6,950.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	B			7,619.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	298,685.			
	b				70,858.	10c	76,177.
	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 equ			4,630,128.	16	6,702,247.
	17	Accounts payable and accrued expenses	47,210.	17	162,463.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the			147 000	22	
_	23	Secured mortgages and notes payable to unrel			147,022.	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line		. Complete Part X			
		of Schedule D			194,232.	25	162,463.
	26	Total liabilities. Add lines 17 through 25	<del></del>	₩	194,434.	26	102,403.
တ္		Organizations that follow FASB ASC 958, che	eck ner				
uce	07	and complete lines 27, 28, 32, and 33.			184,602.	07	270 014
ala	27	Net assets without donor restrictions  Net assets with donor restrictions		·····	4,251,294.	27 28	378,814. 6,160,970.
В В	28			als have	4,231,234.	20	0,100,570.
Ë		Organizations that do not follow FASB ASC 9	756, CH	eck nere			
P	20	and complete lines 29 through 33.		1		20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
\ss	30	Paid-in or capital surplus, or land, building, or e				30	
et A	31	Retained earnings, endowment, accumulated in			4,435,896.	31 32	6,539,784.
ž	32	Total liabilities and not assets/fund balances			4,630,128.	33	
	33	Total liabilities and net assets/fund balances			Ŧ,UJU,IZU.	აა	6,702,247.

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	<u> 11</u> :	L,4	<u>66.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,5	
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>88.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	<u>43</u> !	5,8	<u>96.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6,	<u> 53</u>	7, 6	<u>84.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
			_	_	Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	it			
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	(2021)
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			וווזכ		(202

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization DIGITAL HARBOR FOUNDATION, INC. 45-2536579 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 DIGITAL HARBOR FOUNDATION, INC. 45-2536579 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	559,223.	1380492.	1634934.	5040429.	6010753.	14625831.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	25 222	25 222	25 222	22 252	25 222	450 050
	the organization without charge	35,000.	35,000.				170,250.
	Total. Add lines 1 through 3	594,223.	1415492.	1669934.	5070679.	6045753.	14796081.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						221000
_	column (f)						3210008. 11586073.
	Public support. Subtract line 5 from line 4.						штэөөи/э•
		( ) 0047	(1) 0040	( ) 2040	( 1) 0000	( ) 0004	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 594, 223.	(b) 2018 1415492.	(c) 2019 1669934.	(d) 2020 5070679.	(e) 2021	(f) Total 14796081.
	Amounts from line 4	394,223•	1413492.	1009934.	3070073.	0043733.	14/90001.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources				1,009.	713.	1,722.
9	Net income from unrelated business				1,003.	713.	1,722.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14797803.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	51,074.
	First 5 years. If the Form 990 is for the				ear as a section 5		•
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	78.30 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	81.86 %
	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VII)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					24 ( ) (2)	
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	. —
Sec	check this box and stop hereetion C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2021 (li			olumo (fl)		15	
	Public support percentage from 2020			.,,		16	<u>%</u>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from 2					18	<del>/</del> 6
	33 1/3% support tests - 2021. If the					-	
.56	more than 33 1/3%, check this box ar						<b>.</b> —
r	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
<u></u>		
9b		
00		
9c		
10a		
101-		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	a d		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	7		
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

6 Multiply line 5 by 0.035.

Schr	edule A (Form 990) 2021 DIGITAL HARBOR FOUNDATI	ом т	NC .	45-2536579 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			±3 2330373 Fage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		,	
Sect	tion A - Adjusted Net Income	'	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		

7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount		101	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
HARRY AND JEANETTE WEINBERG FOUNDATION	625,000.	329,044.
SCHMIDT FUTURES	1,012,480.	716,524.
ANITA BORG INSTITUTE FOR WOMEN	300,000.	4,044.
PIVOTAL VENTURES	925,000.	629,044.
CAPITAL ONE	600,000.	304,044.
COIL TECHNOLOGIES, INC.	299,000.	3,044.
FRANCOISE BROUGHER	500,000.	204,044.
HOPPER-DEAN FOUNDATION	750,000.	454,044.
PATRICK J. MCGOVERN FOUNDATION	500,000.	204,044.
ICONIQ	400,000.	104,044.
MICROSOFT	500,000.	204,044.
REBOOT REPRESENTATION	350,000.	54,044.
Total Excess Contributions to Schedule A, Part II, Line 5		3,210,008.

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

Name of the organization DIGITAL HARBOR FOUNDATION **Employer identification number** 

45-2536579

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

#### DIGITAL HARBOR FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MICROSOFT INC.  8800 LYRA DRIVE STE 400  COLUMBUS, OH 43240	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	CAPITAL ONE  1680 CAPITAL ONE DRIVE  MCLEAN, VA 22102	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	ICONIQ IMPACT NETWORK  394 PACIFIC AVE STE 200  SAN FRANCISCO, CA 94111	\$\$	Person X Payroll	
(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4  REBOOT REPRESENTATION  45 W 36TH ST 6TH FLOOR  NEW YORK, NY 10018	\$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	SCHMIDT FUTURES  155 W 23RD ST 11TH FLOOR  NEW YORK, NY 10011	\$ 712,500 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	HOPPER DEAN FOUNDATION  165 TOWNSHIP LINE ROAD SUITE 1200  JENKINTOWN, PA 19046	\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

### DIGITAL HARBOR FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KENNETH C. GRIFFIN  350 PARK AVE  NEW YORK, NY 10022	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PATRICK J MCGOVERN FOUNDATION  PO BOX 171536  BOSTON, MA 02117	\$ <u>250,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WALMART COMMUNITY IMPACT  702 SOUTHWEST 8TH ST, M.S. #0150  BENTONVILLE, AR 72716	\$ <u>247,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  HARRY & JEANETTE WEINBERG FOUNDATION  7 PARK CENTER CT  OWINGS MILLS, MD 21117	\$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	BGE  110 W FAYETTE ST  BALTIMORE, MD 21201	\$ <u>153,789</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GORDAN AND BETTY MOORE FOUNDATION  1661 PAGE MILL ROAD  PALO ALTO, CA 94304	\$135,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### DIGITAL HARBOR FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13_	INTERNET SOCIETY FOUNDATION  11710 PLAZA AMERICA DRIVE SUITE 400  RESTON, VA 20190	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupate Part II for noncash contributions.)		

#### DIGITAL HARBOR FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** DIGITAL HARBOR FOUNDATION, INC. 45-2536579 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

DIGITAL HARBOR FOUNDATION, INC.

**Employer identification number** 45-2536579

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) Preserva	tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial s	tatements that describes the
Dai	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical Treasures	or Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form 9		or Other Ominar Assets.
4-			post and belongs about works
Ia	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ	•	
	•	·	•
h	service, provide in Part XIII the text of the footnote to its finance.		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n furtherance of public service,
	provide the following amounts relating to these items:		<b>▶</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2		surge or other similar assets for fir	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea-		ianciai gairi, provide
_	the following amounts required to be reported under FASB AS	_	<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	rt III   Organizations Maintaining Co	ollections of Ar			asures, o	r Other S		Assets			age <b>∠</b>
3	Using the organization's acquisition, accession								CONTIN	ucuj	
Ŭ	collection items (check all that apply):	m, and other record	o, oncon	carry or the r	onowing that	i mako oigi	imoanice	300 01 110			
а	Public exhibition	c		l oan or exc	hange progra	am					
b	Scholarly research	6			nange progra						
C	Preservation for future generations	•	·	Oti 161							
4	Provide a description of the organization's co	llactions and avalai	a how th	ov further th	o organizatio	n'e ovomr	at purpo	co in Dart	VIII		
5	During the year, did the organization solicit or							se III Fait	AIII.		
3	to be sold to raise funds rather than to be ma				•				Yes		No
Pa	rt IV Escrow and Custodial Arrang										<u> INO</u>
	reported an amount on Form 990, Par		ctc ii tiic	, organizatio	ii answered	103 0111	01111 000	, raitiv,	iii iC 3, 0i		
	Is the organization an agent, trustee, custodia		liary for a	contributions	or other ass	sets not inc	cluded				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 103		J 140
	ii 163, explain the arrangement iii art XIII a	and complete the lo	nowing t	abic.					Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
۵	Distributions during the year						1e				
f	Ending balance						1f				
' 2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		]
	rt V Endowment Funds. Complete if										
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance		` _		, ,	,			, ,		
b.	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	a										
Ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1d	r column (a)	) held as:				l		
a	Board designated or quasi-endowment	•	% %	y, 001411111 (d)	, noid do.						
h	Permanent endowment		_′°				_				
c											
·	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the possess	•	ation tha	t are held an	d administer	red for the	organiza	ation			
	by:						0.93		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b									3b		
4	Describe in Part XIII the intended uses of the										
	rt VI Land, Buildings, and Equipme		·····	arrao.							
	Complete if the organization answered		), Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Bool	k value	<del></del>
	2 coonplian of property	basis (investr		basis		` ,	eciation		(4, 200.		
	Land	<del></del>	•		•						
b	Buildings										
c	Leasehold improvements			2	6,061.		26,00	51.			0.
	Equipment			22	9,410.		89,59		3.9	9,83	
a											

Schedule D (Form 990) 2021

76,177.

Schedule D	(Form 990) 2021	DIGITAL	HARBUR	FOUNDATION,	INC.	45-255
Part VII	Investments - Ot	her Securitie	es.			
	Complete if the organi	zation anawarad	I "Voo" on For	m 000 Port IV line 11h	Soo Form 000 Dort V line	. 10

on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value

| Part VIII | Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	dule D (Form 990) 2021 DIGITAL HARBOR FOUNDATION,				2536579	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,077,	<u>559.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	66,093.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>093.</u>
3	Subtract line 2e from line 1			3	6,011,	<u>466.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	6,011,	466.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,973,	<u>671.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	66,093.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		093.
3	Subtract line 2e from line 1			3	3,907,	<u>578.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,907,	<u>578.</u>
Ра	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b a	nd 2b; Part V, line 4	; Part X	(, line 2; Part XI	,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	ation.			
PAI	RT X, LINE 2:		$\rightarrow \downarrow \downarrow$			
<b></b>						
'THI	E FOUNDATION IS EXEMPT FROM FEDERAL AND STAT	LE INC	OME TAXES	UNDI	SK .	

INTERNAL REVENUE CODE SECTION 501(C)(3). INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME FOR THE CURRENT YEAR. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. THE FOUNDATION'S FEDERAL EXEMPT ORGANIZATION TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	DIGITAL HARBOR	FOUNDATION,	INC.	45-2536579	Page 5
Part XIII   Supplemental Infor	mation (continued)				
				<b>.</b> 1	
	. 1:				
	III				
	++++				
	U, P				

#### SCHEDULE J (Form 990)

**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

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

DIGITAL HARBOR FOUNDATION, INC.

Employer identification number 45-2536579

			Yes	No
1a	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 explain	1b		
2	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 1a?	2		
3	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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 payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	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 in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUTHE FARMER	(i)	165,080.	0.	0.	0.	0.	165,080.	0.
DIRECTOR - LAST MILE EDUCATION FUND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

DIGITAL HARBOR FOUNDATION, INC.

Employer identification number 45-2536579

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

FOSTERING INNOVATION, TECHNOLOGICAL ADVANCEMENT AND ENTREPRENEURSHIP

THROUGH EDUCATIONAL INITIATIVES INCLUDING DIRECT SERVICE PROGRAMS FOR

YOUTH AND CAPACITY-BUILDING FOR EDUCATORS.

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

FOSTERING INNOVATION, TECHNOLOGICAL ADVANCEMENT, AND ENTREPRENEURSHIP

THROUGH EDUCATION INITIATIVES INCLUDING DIGITAL AGE TEACHER

DEVELOPMENT, INQUIRY-BASED STUDENT PROGRAMS FOCUSED ON DIGITAL

LITERACY, MAKER ACTIVITIES, AND TECH WORKFORCE DEVELOPMENT, AND UNIQUE

LAB SETTINGS FOR THE BETA TESTING AND VALIDATION OF THE NEXT GENERATION

OF EDUCATION TECHNOLOGIES.

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

FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND FORWARDED TO BOARD MEMBERS FOR THEIR REVIEW BY EMAIL.

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

PERIODIC REVIEWS ARE CONDUCTED, INCLUDING THE FOLLOWING:

- 1. REVIEW COMPENSATION ARRANGEMENTS/BENEFITS TO DETERMINE THAT THEY ARE
  REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S
  LENGTH BARGAINING.
- 2. REVIEW PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT
  ORGANIZATIONS TO VERIFY THAT THEY CONFORM TO THE ORGANIZATION'S WRITTEN
  POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS
  FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES DO NOT RESULT IN

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization  DIGITAL HARBOR FOUNDATION, INC.	Employer identification number 45-2536579
INURNMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS B	ENEFIT
TRANSACTION.	
FORM 000 PART UT GROWTON R TINE 15	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION FOR EMPLOYEES INC	LUDES A REVIEW
AND APPROVAL BY THE EXECUTIVE DIRECTOR FOR ALL EMPLOYEES A	ND A REVIEW AND
APPROVAL BY THE BOARD FOR THE EXECUTIVE DIRECTOR. PAYROLL	MARKET DATA IS
USED TO DETERMINE COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE TO THE PUBLIC DURING THE TAX YEAR ON THEIR WEBSI	TE.
PART XII, LINE 2C	
THE ENTIRE BOARD IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT	' AND
SELECTION OF AN INDEPENDENT ACCOUNTANT.	
	7 ]

132212 11-11-21 Schedule O (Form 990) 2021