EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending											
B c	Check if applicable	C Name of organization			D Empl	loyer identific	cation number								
	Addres	B DIGITAL HARBOR FOUNDATE	ON, INC.												
	Name	5			45	5-25365	79								
F	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	_	hone number									
	Final return/	10/5 17000 000000		, room, care		9384									
	termin- ated		ZIP or foreign postal code		G Gross		17,938,048.								
	Ameno		0 1		H(a) Is t	his a group re									
	Application	F Name and address of principal officer: AND:	REW COY			subordinates									
	pendin	1045 LIGHT STREET, BALT	MORE, MD 21230)	1		cluded? Yes No								
<u> </u>	Гах-ехе	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 52			list. See instructions								
_	Nebsit		ATION.ORG		H(c) Gro	oup exemption	n number								
			sociation Other	L Yea	r of formatio	n: 2011 N	State of legal domicile: MD								
Pa	art I	Summary													
ø.	1	Briefly describe the organization's mission or most	significant activities: FOST	<u>ERING</u>	INNOV	ATION,									
Š		TECHNOLOGICAL ADVANCEMENT	AND ENTREPRENEU	RSHIP	THROU	JGH EDU	CATIONAL								
Activities & Governance	l														
8	1	Number of voting members of the governing body					9								
<u>ھ</u>		Number of independent voting members of the gov					9								
es		Total number of individuals employed in calendar y					68								
Ξ̈́		Total number of volunteers (estimate if necessary)					55								
Aci		Total unrelated business revenue from Part VIII, col					0.								
	В	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	·····	Prior		Current Year								
	。	Contributions and greats (Part VIII line 1b)		-		3,656.	17,936,446.								
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)				7,097.	0.								
Revenue	9	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			713.	1,602.								
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.								
	1	Total revenue - add lines 8 through 11 (must equal			6.01	1,466.	17,938,048.								
		Grants and similar amounts paid (Part IX, column (0.	0.								
	l	Benefits paid to or for members (Part IX, column (A				0.	0.								
"	45	Salaries, other compensation, employee benefits (F			2,19	9,486.	2,667,027.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			•	0.	0.								
per	b	Total fundraising expenses (Part IX, column (D), line		0.											
й	17	Other expenses (Part IX, column (A), lines 11a-11d,				8,092.	5,903,231.								
		Total expenses. Add lines 13-17 (must equal Part I)				7,578.	8,570,258.								
	19	Revenue less expenses. Subtract line 18 from line	12		2,10	3,888.	9,367,790.								
Net Assets or Find Balances				В		Current Year	End of Year								
sets	20	Total assets (Part X, line 16)				2,247.	16,015,793.								
t As	21	, , , , , , , , , , , , , , , , , , , ,				2,463.	108,219.								
	22	Net assets or fund balances. Subtract line 21 from	line 20		6,53	39,784.	15,907,574.								
	art II	Signature Block													
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is								
true,	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich prepare	r has any kn	owledge.									
٥.		Signature of officer				Date									
Sigi		ANDREW COY, EXECUTIVE DIRE	rCMOD			Date									
Her	е	Type or print name and title	CIUK												
			Dranarar'a cianatura		Date	Check	PTIN								
Paid		Print/Type preparer's name C. EVA WEBB	Preparer's signature		··· •	if self-employe									
	arer	Firm's name LSWG, P.A.		T		2-1273734									
-	Only	Firm's address 1801 RESEARCH BLVI	D. SUITE 320			imini 3 LIN 3									
230	J,	ROCKVILLE, MD 2085			I,	Phone no (3)	01) 662-9200								
May	the IF	RS discuss this return with the preparer shown above					X Yes No								

	990 (2022) DIGITAL HARBOR FOUNDATION, INC. 45-2536579 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's 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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	WORKS COLLECTIVELY TO PROMOTE DIGITAL EQUITY AND ACCESS THROUGH
	DEVELOPING INNOVATIVE TECH EXPERIENCES AND MAKER-BASED SCIENCE,
	TECHNOLOGY, ENGINEERING, AND MATH (STEM) PROGRAMMING WHILE GROWING
	THESE PROGRAMS THROUGH EDUCATOR TRAINING AND CAPACITY BUILDING OF
	ORGANIZATIONS AND INSTITUTIONS FOR IMPLEMENTATION INTO THEIR OWN
	COMMUNITIES. PROGRAMS INCLUDE IN-PERSON YOUTH AFTERSCHOOL, SUMMER TIME,
	AND SCHOOL-DAY PROGRAMMING, EDUCATOR WORKSHOPS AND CURRICULUM, AND
	ORGANIZATIONAL SUPPORT.
4b	(Code:) (Expenses \$ 481,606. including grants of \$) (Revenue \$ 3,236,583.
	PROJECT WAVES: A COMMUNITY-BASED INTERNET SERVICE PROVIDE (ISP)
	PROJECT WAVES WORKS TO BRIDGE THE DIGITAL DIVIDE BY CREATING,
	ADVOCATING FOR, AND IMPLEMENTING EQUITABLE SOLUTIONS THAT CONNECT AND
	HELP INDIVIDUALS, FAMILIES, AND COMMUNITIES THRIVE THROUGH AFFORDABLE
	HOME INTERNET CONNECTIVITY. PROGRAMS INCLUDE BOTH POINT-TO-MULTIPOINT
	INTERNET CONNECTIVITY AND FIBER-BACKED RESIDENTIAL SERVICE TO
	MULTI-DWELLING UNIT BUILDINGS AND HOUSEHOLDS IN MARYLAND.
4c	(Code:) (Expenses \$6,016,238. including grants of \$) (Revenue \$) (Revenue \$)
	FISCAL SPONSORSHIPS:
	A PORTFOLIO OF FISCALLY SPONSORED PROJECTS IN WHICH DIGITAL HARBOR
	FOUNDATION PROVIDES OPERATIONAL SUPPORT, STRUCTURE, GUIDANCE,
	OVERSIGHT, AND ADMINISTRATION. THESE INCLUDE SCHOLARSHIP AND
	GRANT-MAKING EFFORTS, THE CREATION OF COMMUNITIES OF PRACTICE IN
	SUPPORT OF PHILANTHROPIC EFFORTS AND ADVISING, AND EDUCATIONAL
	INITIATIVES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 407,270 · including grants of \$) (Revenue \$ 89,853 ·)
4e	Total program service expenses 7, 208, 224.

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Form 990 (2022) 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)?			
	If "Yes," complete Schedule A	1	Х	
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			
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	<u> </u>	Х
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	<u> </u>	Х
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		Х
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	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	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	OEL		x
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,			<u> </u>
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
٥-	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	35b		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	1
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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	X	1

Form 990 (2022) DIGITAL HARBOR FOUNDATION, INC. 45-25365

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

			_		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	68		7.7				
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37			
				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	_ ا		v			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	200110	to (CDAD)						
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			E0.		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u> 5b		X			
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		- 21			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 					
any contributions that were not tax deductible as charitable contributions? 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 ser	vices p	rovided to the payor?	7a		Х			
b			1 9	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	, , , , , , , , , , , , , , , , , , , ,								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	مد ا	I						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1 Ia							
J	amounts due or received from them.)	11b							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form))	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_	_						
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
I4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.					77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activations the trust of the section 4051 4050 at 4050.								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Form 990 (2022) DIGITAL HARBOR FOUNDATION, INC. 45-2536579 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 with 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 participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 records			
	ROBERT CHARLES - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	Pos heck i ss per	ition more rson i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANDREW COY	40.00			l				225 255		45 555
EXECUTIVE DIRECTOR	40.00			Х				206,867.	0.	15,775.
(2) RUTHIE FARMER DIRECTOR - LAST MILE EDUCATION FUND	40.00					x		172 074	0.	22 021
(3) FRANK BONSAL	1.00					^		173,974.	0.	22,021.
CHAIRMAN	1.00	Х		х				0.	0.	0.
(4) SONYA HARBAUGH	1.00	Λ		^				0.	0.	<u> </u>
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(5) MIKE HINKEY	1.00	21		25				•	•	<u> </u>
TREASURER	100	х		х				0.	0.	0.
(6) CHRIS NELSON	1.00									
SECRETARY		Х		х				0.	0.	0.
(7) MIKE WRIGHT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MCKEEVER CONWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TAIISHA SWINTON-BUCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID STONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KASEY JARVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
				_	<u> </u>					
-										
			L		<u> </u>					000

232007 12-13-22 Form **990** (2022)

	L HARBOR E	'OU	ND	AΤ	IO	N,	Ι	INC.	45-2	536	579	Pa	ıge 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploye	es,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	(do i		Posi neck r		than o	ne	Reportable	Reportable			timate	
	hours per week					s both r/trust		compensation	compensatio			ount o	of
	(list any						,	from the	from related	- 1		other	ion
	hours for	direct				_		organization	organization (W-2/1099-MIS			oensat om the	
	related	e or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		•	l relate	
	below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former				orga	nizatio	ns
	line)	ib	Inst	Officer	Key	High	For						
		Ш											
		↓											
		\vdash											
		\vdash	_		-								
		-											
		\vdash											
		1											
-		\vdash											
		1											
		1											
		1											
1b Subtotal								380,841.		0.	37	7,79	96.
c Total from continuation sheets to Pa	art VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								380,841.		0.	37	7,79	96.
2 Total number of individuals (including	but not limited to th	iose l	iste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	•			_
compensation from the organization												V	2
										ſ		Yes	No
3 Did the organization list any former o			-		-		_	•	•				v
line 1a? If "Yes," complete Schedule J										·····	3		X
4 For any individual listed on line 1a, is to											4	Х	
and related organizations greater thanDid any person listed on line 1a receiv										·····	4	^	
, , , , , , , , , , , , , , , , , , , ,											5		Х
rendered to the organization? f "Yes. Section B. Independent Contractors	complete Schedul	e J 10	or su	ICH L	ersc	<u> </u>					<u> </u>		
Complete this table for your five higher	est compensated inc	leper	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of com	pensat	ion fro	m	
the organization. Report compensatio													
(A				<u> </u>				(B)			(C	;)	
Name and bus		NC	NE	3				Description of s	ervices	С	omper		ı
							_						
							\dashv						
2 Total number of independent contract	tore (including but a	ot lim	nitod	1 to t	hos	ام اند		above) who received me	ore than				
\$100,000 of compensation from the o		J. 1111	iii. C U		0		.cu	above, who received file	oro uran				

45-2536579

Part VIII	Statement of Revenue
-----------	----------------------

			Check if Schedule O	onta	ains a	respor	ise (or note to any lin	e in this Part VIII			
								_	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										lunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts	_		Membership dues			1b						
جَ ۾			Fundraising events			1c						
fts, r A						1d						
Ω̈́ ä			Government grants (contri	ihutid		1e		3,635,806.				
Sin			All other contributions, gifts,			-		0,000,000.				
Ē Ė		•						14,300,640.				
έş			similar amounts not included			1f		15,000.				
<u> </u>		•	Noncash contributions included in	lines 1	a-1f	1g \$		13,000.	17,936,446.			
O 6		n	Total. Add lines 1a-1f					D	17,930,440.			
								Business Code				
Se	2	а					_					
e ⊆		b					_					
Program Service Revenue		С	-				_					
e a		d					_					
90. F		е					_					
<u>-</u>		f	All other program service	rever	nue							
		g	Total. Add lines 2a-2f									
	3		Investment income (include	ling o	divide	nds, in	tere	st, and				
			other similar amounts)						1,602.			1,602.
	4		Income from investment of	f tax	-exem	pt bor	nd p	roceeds				
	5		Royalties	. <u></u>								
) Real		(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
			Rental income or (loss)	6с								
			Net rental income or (loss)					l.				
	7		Gross amount from sales of	<u> </u>	(i) S	ecuriti	es	(ii) Other				
	•	u	assets other than inventory	7a	(7 -			(4) 2				
		h	Less: cost or other basis	1 a								
ω		b	and sales expenses	7b								
ğ		_		7c								
ther Revenue			Gain or (loss)	$\overline{}$								
Ä	_		Net gain or (loss)				·····					
‡	8	а	Gross income from fundraising	•	•							
0			including \$									
			contributions reported on		,							
			Part IV, line 18				8a					
			Less: direct expenses				8b					
	_		Net income or (loss) from			-	ts_					
	9	а	Gross income from gamin									
			Part IV, line 19				9a					
			Less: direct expenses				9b					
			Net income or (loss) from									
	10	а	Gross sales of inventory, I	ess r	eturn	S						
			and allowances				10a					
		b	Less: cost of goods sold				10b					
		С	Net income or (loss) from	sales	of in	ventor	/					
,								Business Code				
one e	11	а					_					
ane di		b										
Miscellaneous Revenue		С										
<u>iš</u>		d	All other revenue									
2			Total. Add lines 11a-11d									
	12		Total revenue. See instruction						17,938,048.	0.	0.	1,602.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 380,841. 95,211. 285,630. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,846,648. 1,423,031. 423,617. Other salaries and wages 7 Pension plan accruals and contributions (include 77,243. 64,568. 12,675. section 401(k) and 403(b) employer contributions) 129,897. 196,764. 66,867. Other employee benefits 9 159,315. 6,216. 165,531. 10 Payroll taxes 11 Fees for services (nonemployees): 26,358. 4,055. 22,303. Management 10,000.2,880. 12,880. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 206,614. column (A), amount, list line 11g expenses on Sch O.) 206,614. 33,858. 32,521. 1,337. Advertising and promotion 12 49,178. 41,749. 7,429. 13 Office expenses 210,831. 5,989. 204,842. Information technology 14 15 Royalties 9,141. 9,141. 16 Occupancy 242,672. 224,511. 18,161. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 26,628. 26,628. Depreciation, depletion, and amortization 22 8,910. 8,910. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,103,300. 3,103,300. SUBCONTRACTOR FEES 1,577,049. SCHOLARSHIPS, STIPENDS 1,805,332. 228,283. 29,621. 98,479. 68,858. PROGRAM EQUIPMENT AND S 53,480. 38,688. 14,792. d MISCELLANEOUS 15,570. 10,995. 4,575. e All other expenses 8,570,258. 7,208,224. 1,362,034. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,657,777.	1	10,019,260.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,961,343.	3	5,946,985.
	4	Accounts receivable, net			6,950.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
Ŋ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	232,855. 183,307.			
	b		76,177.	10c	49,548.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	6,702,247.	16	16,015,793.
	17	Accounts payable and accrued expenses		162,463.	17	108,219.	
	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 for					
Liabilities		trustee, key employee, creator or founder, sub					
jap		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 1 <i>1-</i> 24)	. Complete Part X		25	
	00	of Schedule D			162,463.		108,219.
	26	Total liabilities. Add lines 17 through 25		e X	102,403.	26	100,219.
S		Organizations that follow FASB ASC 958, cl and complete lines 27, 28, 32, and 33.	ieck nere				
nce	27				378,814.	27	254,513.
ala	28	Net assets with donor restrictions			6,160,970.	28	15,653,061.
Ā	20	Organizations that do not follow FASB ASC			0/100/3/01	20	13/033/001
Ξ		and complete lines 29 through 33.	500, CHC	JOK HOLE			
p	29	Capital stock or trust principal, or current fund	S			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,539,784.	32	15,907,574.
Z	33	Total liabilities and net assets/fund balances			6,702,247.	33	16,015,793.
		. Staapintios and not about of faire balances			-,		

Form **990** (2022)

Form **990** (2022)

Pa	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	<u> 17</u>	7,93	8,0	48.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,57	0,2	58.			
3	Revenue less expenses. Subtract line 2 from line 1	3	9	,36	7,7	90.			
4									
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	15	5,90	7,5	74.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: 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	audit,							
	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	edule C).						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h					

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.

Attach to Form 990 or Form 990-EZ.

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

Open
Ins

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DIGITAL HARBOR FOUNDATION, 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 I, Type II, 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1380492.	1634934.	5040429.	6010753.	17921446.	31988054.	
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							
	the organization without charge	35,000.	35,000.	30,250.	35,000.	35,000.	170,250.	
4	Total. Add lines 1 through 3	1415492.	1669934.	5070679.	6045753.	17956446.	32158304.	
	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,							
	column (f)						10203102.	
6	Public support. Subtract line 5 from line 4.						21955202.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	1415492.	1669934.	5070679.		17956446.	32158304	
	Gross income from interest,			20700730	0010700		522333311	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources			1,009.	713.	1,602.	3,324.	
9	Net income from unrelated business			1,003	7 1 3 4	1,0021	3/3210	
9								
	activities, whether or not the							
10	Other income. Do not include gain							
10	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
	, , , , , , , , , , , , , , , , , , , ,						32161628.	
	Total support. Add lines 7 through 10	ata (aaa inatuustia	ma)			12	<u> </u>	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,					
13		-		· · · · · · · · · · · · · · · · · · ·				
Sec	organization, check this box and storection C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •				
	Public support percentage for 2022 (I			column (f))		14	68.27 %	
	Public support percentage from 2021					15	78.30 %	
	33 1/3% support test - 2022. If the o							
iva	stop here. The organization qualifies						7.7	
h	33 1/3% support test - 2021. If the o		•		line 15 is 33 1/3%			
D	and stop here. The organization qual							
170								
ı/a	10% -facts-and-circumstances test							
	and if the organization meets the facts			-	•	_		
L	meets the facts-and-circumstances te	-		• • •	-	7a, and line 15 is		
D	10% -facts-and-circumstances test						1070 UI	
	more, and if the organization meets the				-			
40	organization meets the facts-and-circu		-	•	• • •		H	
ΙŎ	Private foundation. If the organization	n dia not check a l	ox on line 13, 16a	a, 100, 17a, 0r 17b	i, check this box ai	iu 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	,	,	T	_		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
C	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DOX OH HITE 14, 198	a, OF 190, CHECK T	iis dux and see ins	นเนติเเดเร	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 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	ion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
C1	the su	pported organization(s).	1		
Seci	ion L	D. All Type III Supporting Organizations			1
				Yes	No
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	,	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sect	<i>suppo</i>	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1					
' a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) . The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	etruction	ic)	
2		ties Test. Answer lines 2a and 2b below.	struction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne 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.

Schedule A	(Form 990)	2022	DIGITAL	HARBOR	FOUNDATION	I, INC.	
Part V	Type III	Non-Fur	nctionally Integra	ated 509(a)	(3) Supporting (Organization	ıs

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus		·	i ait iij. Occ man actions.
Secti	on A - Adjusted Net Income	st complete	(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		
Secti	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			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		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting oras	nization (see
	instructions).	, 5	,, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

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	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiidi i dilas	Complete if the
		(a) Donor advise	d 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 v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ı	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose of	conferring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	, ,	,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial stateme	ents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Trac	acuras or Otl	har Similar Assats
Fai	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Oti	nei Siiniai Assets.
12	If the organization elected, as permitted under FASB ASC 958		nue statement a	nd halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
D	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	ominition, Education, Of	1000aioii iii iuilii	oranic or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea			
2				gain, provide
_	the following amounts required to be reported under FASB AS			¢
	Revenue included on Form 990, Part VIII, line 1			\$

DICIMAL	TADDOD	FOUNDATION.	INC.
DIGIIAL	TAKBUK	LOONDALION,	TIMC •

Pai	t III (Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Simila	Assets	(continu	ıed)
3	Using th	e organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	nificant ι	se of its		
	collectio	on items (check all that apply):									
а	☐ Pt	ublic exhibition	c	ı 🔲 ı	oan or exc	hange progra	am				
b	S	cholarly research	e	,(Other						
С	Pi	reservation for future generations									
4	Provide	a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exem	ot purpos	se in Part	XIII.	
5	During t	he year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or othe	er similar a	ssets			
	to be so	ld to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par		scrow and Custodial Arran								ine 9, or	
		eported an amount on Form 990, Par			_						
1a	Is the or	ganization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	sets not in	cluded			
	on Form	990, Part X?								Yes	☐ No
b		explain the arrangement in Part XIII									
										Amount	
С	Beginnir	ng balance						1c			
d	Addition	is during the year						1d			
е		tions during the year						1e			
f		palance						1f			
2a		organization include an amount on Fo						/?		Yes	No No
b	If "Yes,"	explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on I	Part XIII				
Par		ndowment Funds. Complete i).			
			(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginnir	ng of year balance									
b		utions									
С		stment earnings, gains, and losses									
d	Grants of	or scholarships									
е	Other ex	penditures for facilities									
	and pro										
f		trative expenses									
g		ear balance									
2	Provide	the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:	•				
а		esignated or quasi-endowment		%		•					
b		ent endowment	%								
С	Term en	dowment	 %								
	The per	centages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are ther	e endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the			_	
	organiza	ation by:								\	res No
	(i) Unre	elated organizations								3a(i)	
		ted organizations								3a(ii)	
b		on line 3a(ii), are the related organiza								3b	
4		e in Part XIII the intended uses of the	organization's endo	wment fu	ınds.						
Pai	t VI L	.and, Buildings, and Equipm	ent.								
	C	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X, li	ne 10.			
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
			basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land										
		s	I								
		old improvements				6,061.		26,00			0.
		ent				3,620.		21,79			,826.
					6	3,174.		35,4!	52.	27	,722.
Total	. Add line	es 1a through 1e. (Column (d) must e	gual Form 990. Part	X colum	n (B) line 1	0c.)	<u></u>		🔽	49	,548.

Schedule D (Form 990)) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
) Financial derivatives			·
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 e	end-of-vear market value
	(b) I som value	(0,111011101101111111111111111111111111	on a conjugation trained
(1) (2)			
		<u> </u>	
(3)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D		e 11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
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Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description		25.
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description		25.
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
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Sche	dule D (Form 990) 2022 DIGITAL HARBOR FOUNDATION, INC.	45-	2536579 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With 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	18,057,955.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 119,907.		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	119,907.
3	Subtract line 2e from line 1	3	17,938,048.
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,938,048.
Par	T XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	≀etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,690,165.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 119,907.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d			
е	Add lines 2a through 2d	2e	119,907.
3	Subtract line 2e from line 1	3	8,570,258.
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		
	Other (Describe in Part XIII.) 4b	1	
	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,570,258.
Par	t XIII Supplemental Information.		0,0.0,200
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, 1 411	Λ, ΙΙΙΟ Σ, Γ ΔΙ Γ ΛΙ,
111103	20 and 45, and 1 art Art, into 20 and 45. Also complete this part to provide any additional information.		
PAF	RT X, LINE 2:		
THE	FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES	UND	ER
			
ועו	PERNAL REVENUE CODE SECTION 501(C)(3). INCOME THAT IS NOT	REL	ATED TO
EXE	MPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FE	DER	AI, AND
	mil Tollogue, and intuitional appointment is something in		111112
STZ	ATE INCOME TAXES. THE FOUNDATION HAD NO UNRELATED BUSINESS	JΝ	COME FOR
<u> </u>			
THE	CURRENT YEAR. ACCORDINGLY, NO PROVISION FOR INCOME TAXES	IS	REFLECTED

REVENUE SERVICE, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THESE RETURNS ARE FILED.

IN THESE FINANCIAL STATEMENTS. THE FOUNDATION'S FEDERAL EXEMPT

ORGANIZATION TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL

Schedule D (Form 990) 2022 Part XIII Supplemental Info	DIGITAL HARBOR	FOUNDATION,	INC.	45-2536579 Page 5
Part XIII Supplemental Info	ormation (continued)			

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DIGITAL HARBOR FOUNDATION, INC.

Employer identification number 45-2536579

Pa	art I Questions Regarding Compensation					
			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?					
				l		
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					
				l		
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		Х		
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:					
		5a		X		
b	, , ,	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.			l		
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:			37		
		6a		X		
b	, , ,	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			37		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
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		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9	- 1	i		

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

Schedule J (Form 990) 2022

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			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREW COY	(i)	206,867.	0.	0.	12,414.	3,361.	222,642.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUTHIE FARMER	(i)	173,974.	0.	0.	10,701.	11,320.	195,995.	0.
DIRECTOR - LAST MILE EDUCATION FUND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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)

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
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:
INITIATIVES INCLUDING DIRECT SERVICE PROGRAMS FOR YOUTH AND
CAPACITY-BUILDING FOR EDUCATORS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LAB SETTINGS FOR THE BETA TESTING AND VALIDATION OF THE NEXT GENERATION
OF EDUCATION TECHNOLOGIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPECIAL PROJECTS:
A COLLECTION OF PROJECTS THAT ADVANCE THE MISSION OF DIGITAL HARBOR
FOUNDATION THROUGH THE DEVELOPMENT OF TECHNOLOGY, USER EXPERIENCE,
DESIGNS, AND DATA INNOVATIONS THAT IMPROVE THE DELIVERY OF BENEFITS,
WITH A SPECIAL EMPHASIS AND FOCUS ON BENEFITS FOR LOW-INCOME AMERICANS.
WE WORK ON LAUNCHING NEW INITIATIVES THAT ADVANCE OUR MISSION.
EXPENSES \$ 172,676. INCLUDING GRANTS OF \$ 0. REVENUE \$ 89,853.
TECH EXTENSION:
EXPENSES \$ 234,594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
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:

INCLUDING THE FOLLOWING:

PERIODIC REVIEWS ARE CONDUCTED,

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** DIGITAL HARBOR FOUNDATION, INC. 45-2536579 1. REVIEW COMPENSATION ARRANGEMENTS/BENEFITS TO DETERMINE THAT THEY ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING. 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 INTURNMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTIONS. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE DIRECTOR FOR ALL EMPLOYEES AND 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 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE TAX YEAR ON THEIR WEBSITE.