

## \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Α	For th	e 2021 calendar year, or tax year beginning $APR \perp$ , $2021$ and	enaing <u>i</u>	IAR 31, 2022	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name	Doing business as		26-24189	59
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	650 CALTEORNIA CT 7TH FLOOR		(301) 70	6-2648
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	22,170,517.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: <b>KIKIN</b> GANDHI		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527		list. See instructions
J	Webs	te: ► WWW.DIGITALGREEN.ORG		H(c) Group exemption	n number
K	Form o	f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2008	M State of legal domicile: CA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE I	PART I	II, LINE 1.	
Activities & Governance	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	eate
/eri	3			l _	5
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
9	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18
ties	6	Total number of volunteers (estimate if necessary)			7
	72				0.
Å	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	<b>├</b>	Tect unrelated business taxable mount offit 550 1,1 arti, into 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		11,386,487.	21,536,050.
ne	9	Program service revenue (Part VIII, line 2g)		148,786.	563,305.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		715.	279.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,966.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,632,954.	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,067,035.	2,658,714.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,733,043.	3,654,243.
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,774,656.	3,043,053.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,574,734.	9,356,010.
	19	Revenue less expenses. Subtract line 18 from line 12		4,058,220.	12,743,624.
or	ß	,		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		11,622,742.	24,571,129.
Ass	21	Total liabilities (Part X, line 26)		1,630,209.	1,893,329.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,992,533.	22,677,800.
	art II	Signature Block	•		
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		📐 Jiovanna Masci		Dec 2	21, 2022
Sig	ın	Signature of officer		Date	,
He	re	GIOVANNA MASCI, VP, INTERNAL OPERATION	S		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA		if self-employ	
Pre	parer	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
_		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	DIGITAL GREEN IS CREATING A WORLD WHERE FARMERS USE TECHNOLOGY AND
	DATA TO BUILD PROSPEROUS COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
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 \$7,708,130 . including grants of \$2,658,714 . ) (Revenue \$ 563,305 . )
	DIGITAL GREEN IS CREATING A WORLD WHERE FARMERS USE TECHNOLOGY AND DATA
	TO BUILD PROSPEROUS COMMUNITIES. WE BELIEVE IN THE POWER OF ADVISORY,
	FINANCE, AND DATA TO STRENGTHEN FARMER GROUPS AND UNLOCK THE POTENTIAL
	OF THE AGRICULTURAL SECTOR. OUR APPROACH LAYS THE FOUNDATION FOR A
	FUTURE STATE IN WHICH FARMER GROUPS HAVE AGENCY OVER THEIR DATA AND
	DRIVE THEIR OWN DIGITIZATION EFFORTS IN ORDER TO DELIVER MORE VALUE FOR
	THEIR MEMBERS, RESULTING IN MULTIPLE BENEFITS FOR SMALL-SCALE
	PRODUCERS, INCLUDING INDIVIDUAL CONTROL OVER HOW INFORMATION IS USED;
	ACCESS TO BETTER ADVISORY, FINANCE, AND MARKET SERVICES; AND NEW INCOME STREAMS AND GREATER POWER WITHIN THE AGRICULTURAL SYSTEM.
	SIREAMS AND GREATER POWER WITHIN THE AGRICULTURAL SISTEM.
4b	(Code:         ) (Expenses \$
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 7,708,130.
	Form <b>990</b> (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes." <i>complete</i>	11f	Λ	_
ıza		12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Pid the appropriate and office and because the state of the United Obstace	14a	Х	
b		174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	

Form 990 (2021) DIGITAL GREEN FOUNDATION
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а	"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		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	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	34	Х	
35 =	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			NIC.
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 5 of 10fm 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	1 12-09-21	Form	990	(2021)

11461219 745960 10305

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 18 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ ETHIOPIA, INDIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 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). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management  1		Check if Schedule O contains a response or note to any line in this Part VI			X
table the number of voting members of the governing body at the end of the tax year if there are marketi 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 0.  b Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1, above, who are independent	Sec				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an oxecutive committee, explain on Schedule 0.  1				Yes	No
b Enter the number of voting members included on line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporanously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization in the powering body?  9 Is three any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maining address? If Yes, "provide the parames and addresses on Schedule O  9 Section B. Policies (Phis Section B Aequests Information about policies not required by the Internal Revenue Code.)  10a Did the organization have decided any of the process, and the process, and the process of the process of the process, and the process of the process	1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
b Enter the number of voting members included on line 1a, above, who are independent 1b 5   2 Did any officer, director, trustee, or key employee? 2   3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3   4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4   5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4   5 Did the organization have members or stockholders, or significant diversion of the organization's assets? 5   6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7   7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 4   7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 4   8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 4   9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization maniling address? If "ves," director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 1   10a Did the organization have local chapters, branches, or affiliates? 1   10b Did the organization have verified properations are consistent with the organizations was empt purposes? 1   10a Did the organization have verified propress, if any used by the organization search purpose? 1   10b Did the organization have any written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operatio		If there are material differences in voting rights among members of the governing body, or if the governing			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employee?  2		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
or officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members of the governing body?  9 Learn any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization than the stockholders or the governing body?  8 Did the organization than the stockholders or the governing body?  8 Did the organization with the stockholders or the governing body?  8 Did the organization with the stockholders of the governing body?  8 Did the organization with the stockholders of the governing body?  8 Did the organization with the stockholders of the governing body?  8 Did the organization have because of the governing body?  8 Did the organization have blocal chapters, branches, or affiliates?  9 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990.  10 Did the organization have a written officie organization to review this Form 990.  11 Did the organization with the stockholders of the governing body before filling the form?  12 Did the organization have a written officie of interest policy? If "No," go to line 13  12 Did the organization with the way official to review	b	Enter the number of voting members included on line 1a, above, who are independent			
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a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes I  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b X  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustlees, and key employees required to disclose annually interests that could give rise to conflict?  12b X  b Were officers, directors, or trustlees, and key employees required to disclose annually interests that could give rise to conflict?  12b X  b Were officers or feeture with whistleblower policy?  13c X  b Id the organization have a written vhistleblower policy?  13d X  b Id the organization have a written document retention and destruction policy?  14d X  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?  17e The organization in set in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Did the organization invest in, contribute assets	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12b Did the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes," to line 15a or 15b, describe the process on Schedule O. See instructions.  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?  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?  Section C. Discolosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA  Section G104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)					No
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Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  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?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA  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) available for public inspection. Indicate how you made these available. Check all that apply.	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13			10b		
12a  X			11a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  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?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA  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) available for public inspection. Indicate how you made these available. Check all that apply.					
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on Schedule O how this was done  12c  X  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  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?  15  The organization's CEO, Executive Director, or top management official  15  The organization's CEO, Executive Director, or top management official  15a  X  15b  X  16  Other officers or key employees of the organization  16  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  Dif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17  List the states with which a copy of this Form 990 is required to be filed ▶CA  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) available for public inspection. Indicate how you made these available. Check all that apply.			12b	X	
13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization of the deliberation and decision? 16 The organization's CEO, Executive Director, or top management official 15 The organization of the deliberation and decision? 16 The organization of the deliberation and decision? 16 The organization of the deliberation and decision? 16 The organization of the deliberation and decision? 18 The organization of the deliberation of the deliberation and decision? 18 The organization of the deliberation and decision? 19 The organization of the deliberation of the deliberation and decision? 19 The organization of the deliberation and decision? 19 The organization of the deliberation of the deliberation and decision? 19 The organization of the deliberation of the deliberation and decision? 19 The organization of the deliberation and decision? 10	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
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exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed CA  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) available for public inspection. Indicate how you made these available. Check all that apply.	D				
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<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ►CA</li> <li>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) available for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>	Sec		100		
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for public inspection. Indicate how you made these available. Check all that apply.			e ealey	availa!	ole.
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L LOWE WEDDIE L LADOUTELD WEDDIE LAN LOUDITEUREN L LOUTIEUREN L CONTROL ON SCHOOLIGE (1)					
(-,	10	(-	d finan	oial	
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	ıy		u iirian	Jal	
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	20				
State the name, address, and telephone number of the person who possesses the organization's books and records GIOVANNA MASCI - (301) 706-2648	20				
650 CALIFORNIA ST., 7TH FLOOR, SAN FRANCISCO, CA 94108					

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

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

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

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

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

Check this box if neither the organization r	nor any related	orga	niza			npen	sate		irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>)</b> than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	-	Cei ai	lu a u	liecto	i / ii us	(66)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	dualt	ution	<u></u>	Key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) RIKIN GANDHI	40.00									
PRESIDENT, EXEC. DIR. & CO-FOUNDER				Х				185,308.	0.	38,002.
(2) ALESHA MILLER	40.00	]								
SECRETARY, VP STRATEGY & PRTNRSHPS.				X				148,820.	0.	32,291.
(3) GIOVANNA MASCI	40.00									
TREASURER, VP INTERNAL OPERATIONS				X				164,071.	0.	15,311.
(4) VICKY HAWK	40.00	1								
DIRECTOR, GLOBAL FINANCE	<b>_</b>					X		142,771.	0.	30,963.
(5) SHREYA AGARWAL	40.00	4						106 050		44 004
DIRECTOR, STRATEGY	40.00					Х		126,853.	0.	14,234.
(6) KEBEDE AYELE	40.00	1				,,		117 040	•	01 050
COUNTRY DIRECTOR, ETHIOPIA	40.00		_			X		117,849.	0.	21,258.
(7) KRISHNAN PALLASSANA	40.00	4				,,		110 535		7 001
COUNTRY DIRECTOR, INDIA	1 2 20	<u> </u>				X		118,537.	0.	7,021.
(8) KENTARO TOYAMA	0.30	٠,,		,,						•
CHAIR	0 20	Х	_	Х				0.	0.	0.
(9) MELISSA HO	0.30	.,							0	•
DIRECTOR (10) DATES AND SHANNING	0 20	Х						0.	0.	0.
(10) RAJESH VEERARAGHAVAN DIRECTOR	0.30	х						0.	0.	0.
(11) CHRISTIAN MERZ	0.30	^						0.	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
(12) MANISHA SHAH	0.30	- 22						•	0.	<u></u>
DIRECTOR	0.30	х						0.	0.	0.
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Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>j Hi</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		<b>)</b> than c	one	Reportable	Reportable	,	Es	stimate	ed
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation		l	nount	of
		week (list any				10010	17 11 40	100)	from	from related		l	other	tion
		hours for	direct				_		the organization	organizatior (W-2/1099-MI		l	pensa	
		related	9e or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)		l	anizat	
		organizations	trust	nal tru		yee	om pe		1099-NEC)	,		,	d relat	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	lust	Officer	Key	High	Former						
			ł											
1h	Subtotal		<u> </u>	<u> </u>					1,004,209.		0.	15	9,0	80.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	1,004,209.		0.	15	9,0	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 е			
	compensation from the organization													7
											ſ		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				•			· ·			_		37
800	rendered to the organization? If "Yes," com	<u>plete Schedule</u>	J fo	or su	ıch <u>i</u>	oers	on .					5		X
	Complete this table for your five highest co	mnoncotod ind	long	ndc:	ot co	ntre	a oto:	ro th	nat rappiyad mara than <sup>(</sup>	100 000 of com	nonce	tion fr		
1	Complete this table for your five highest co the organization. Report compensation for										perisat	LIOII Tro	וווכ	
	(A)	uie calellual ye	ai E	iiuii	ıg w	ILII C	וע וע	u III I	the organization's tax y	cai.		((	<u>.</u> )	
	Name and business	address							Description of s	ervices	С		رر nsatio	n
<del></del>	103D 300 00 DD 1E71 OF	IA CA DOLLO		_	_			$\rightarrow$	•					

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
RESCAR AOC, 09 BP 1571 OUAGADOUGOU 09,		
OUAGADOUGOU, BURKINA FASO	STRATEGY PLANNING	169,439.
DALBERG CONSULTING US LLC, 155 WEST 23RD		
STREET, 6TH FLOOR, NEW YORK, NY 10011	STRATEGY PLANNING	130,000.
HENRY KINYUA	EAST AFRICA PROGRAM	
P.O. BOX 2412-00621, NAIROBI, KENYA	IMPLEMENTATION	129,892.
AMRUTA GADRE, 9 RUE DE LA CHAPELLE,		
PRADETTES, FRANCE 09600	HR CONSULTING FEES	114,264.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

			Check if Schedule O co	ntaine	a resnonse	or note to any lin	e in this Part VIII			
			Officer if Schedule O co	JI ILAII IS	a response	or note to any iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
										Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns							
iz our			Membership dues							
s, C		С	Fundraising events		. 1c					
ä		d	Related organizations		. 1d					
s, C		е	Government grants (contrib	outions	) 1e	866,220.				
Sign		f	All other contributions, gifts, g	rants, a	nd					
ort He			similar amounts not included a	bove	1f	20,669,830.				
Ē		q	Noncash contributions included in lin							
Son		_	Total. Add lines 1a-1f		,	<b>•</b>	21,536,050.			
<u> </u>		•	Totall / lad iii loo Ta Ti			Business Code	, ,			
_	2	_	CONTRACTS			900099	563,305.	563,305.		
ice	_	_				300033	303,303.	303,303.		
er ne		b								
n S		С								
Ja Se		d								
Program Service Revenue		е								
Δ.			All other program service re							
		g	Total. Add lines 2a-2f				563,305.			
	3		Investment income (includi	-						
			other similar amounts)			<b>&gt;</b>	1,277.			1,277.
	4		Income from investment of	tax-ex	empt bond ¡	oroceeds				
	5		Royalties			<b>&gt;</b>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a 🗌						
		b		6b						
				6c						
			Net rental income or (loss)			<b>•</b>				
			Gross amount from sales of	(i)	) Securities	(ii) Other				
	•	u	assets other than inventory	7a 📉	69,885	` '				
		h	Less: cost or other basis	<del>, a</del>	, , , , , ,					
ø)		D		76	70,883					
Revenue		_	· ·······	7b 7c	-998	_				
eve			٠ , د			* L	-998.			-998.
Ä			Net gain or (loss)			·······	-330.			-336.
ther	8	а	Gross income from fundraising		· I					
ō			including \$							
			contributions reported on li							
			Part IV, line 18		I					
			Less: direct expenses			<b>)</b>				
			Net income or (loss) from fu							
	9	а	Gross income from gaming	activit	ies. See					
			Part IV, line 19		9a	1				
		b	Less: direct expenses		9t					
		С	Net income or (loss) from g	aming	activities	<b>&gt;</b>				
	10	а	Gross sales of inventory, le	ss retu	rns					
			and allowances		10	a				
		b	Less: cost of goods sold			b				
			Net income or (loss) from s			<b>•</b>				
						Business Code				
sno	11	а								
Miscellaneous Revenue	•	b								
∭a Ver		C								
Sce			All other royonus							
Ξ			All other revenue							
		е	Total Add lines 11a-11d				22 000 624	563,305.	0	270
	12		Total revenue. See instruction	ıs		<u></u>	22,099,634.	1 503,305.	0.	279.

Pai	t IX Statement of Functional Expense	es			, <del>u.g.</del>
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	859,397.	859,397.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 500 045	4 500 045		
	individuals. See Part IV, lines 15 and 16	1,799,317.	1,799,317.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	640 450	264 604	000 005	
	trustees, and key employees	648,479.	364,604.	283,875.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 620 560	1 050 700	670 960	
7	Other salaries and wages	2,639,560.	1,959,700.	679,860.	
8	Pension plan accruals and contributions (include	34,547.	25,308.	9,239.	
•	section 401(k) and 403(b) employer contributions)	201,280.		49,621.	
9	Other employee benefits	130,377.		37,834.	
10	Payroll taxes	130,377.	92,343.	37,034.	
11	Fees for services (nonemployees):				
_	Management	28,179.	23,945.	4,234.	
b	Legal	135,306.	6,767.	128,539.	-
	Accounting Lobbying	133,300.	0,707.	120,333.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,143.		2,143.	
g g		2/2101		2/2100	
9	column (A), amount, list line 11g expenses on Sch O.)	1,698,740.	1,411,314.	287,426.	
12	Advertising and promotion	, ,	, , ,	,	_
13	Office expenses	28,662.	18,325.	10,337.	
14	Information technology	136,396.	80,565.	55,831.	
15	Royalties				
16	Occupancy	61,637.	53,167.	8,470.	
17	Travel	353,829.	341,973.	11,856.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	447,297.	433,758.	13,539.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,989.	11,194.	2,795.	
23	Insurance	30,556.	1,458.	29,098.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT	71,105.	41,999.	29,106.	
b	DONATED EQUIPMENT	17,458.	17,458.		
С	PAYROLL SERVICES	10,159.	7,211.	2,948.	
d	OTHER PROJECT COST	6,241.	6,241.	4 4 5 5	
е	All other expenses	1,356.	227.	1,129.	
25	Total functional expenses. Add lines 1 through 24e	9,356,010.	7,708,130.	1,647,880.	0.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

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

Check here

Га	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,903,436.	1	3,343,812.
	2	Savings and temporary cash investments			7,466,691.	2	11,542,226.
	3	Pledges and grants receivable, net	41,758.	3			
	4	Accounts receivable, net			92,072.	4	775,050.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
र	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8	7,616.		
ĕ	9	Prepaid expenses and deferred charges			65,825.	9	113,958.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D		61,361.			
	b	Less: accumulated depreciation	10b	35,311.	46,352.	10c	26,050.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin	e 11			12	8,756,753.
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			6,608.	15	5,664.
	16	Total assets. Add lines 1 through 15 (must e			11,622,742.	16	24,571,129.
	17	Accounts payable and accrued expenses	923,913.	17	1,446,828.		
	18	Grants payable				18	
	19	Deferred revenue		ı		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u> a</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·	212 200	23	
	24	Unsecured notes and loans payable to unrela			213,200.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24).	. Complete Part X	493,096.	0.5	446,501.
	06	of Schedule D			1,630,209.		1,893,329.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			1,030,203.	26	1,093,349.
Ş		and complete lines 27, 28, 32, and 33.	neck nere				
ž	27				1,770,562.	27	16,020,684.
ala	27 28	Net assets without donor restrictions  Net assets with donor restrictions	8,221,971.	28	6,657,116.		
D B	20	Organizations that do not follow FASB ASC			0,221,371.	20	0,037,110.
핊		and complete lines 29 through 33.	, 936, Cite	ck liefe			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fundament	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			9,992,533.	32	22,677,800.
Ž	33	Total liabilities and net assets/fund balances		ı	11,622,742.	33	24,571,129.
	_ 33	Total liabilities and fiet assets/fully balances			, V22, 1-20 ·	JJ	5 QQN (2004

Pa	T 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	22,			
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	12,	743	3,6	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,	992	2,5	33.
5	Net unrealized gains (losses) on investments	5		-58	3,3	57.
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	22,	67	7,8	00.
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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?		L	2b	Х	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С						ı
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					ı
	Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					ı
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			ī	orm	990	(2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

**Employer identification number** Name of the organization DIGITAL GREEN FOUNDATION 26-2418959 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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))

## 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	tion A. Public Support						
Calei	ıdar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4483575.	6445617.	8506049.	11386487.	<u> 21536050.</u>	52357778.
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						
4	Total. Add lines 1 through 3	4483575.	6445617.	8506049.	11386487.	21536050.	52357778.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11993911.
6	Public support. Subtract line 5 from line 4.						40363867.
	tion B. Total Support						
Cale	ıdar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4483575.	6445617.	8506049.	11386487.	21536050.	52357778.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	291.	1,095.	278.	715.	1,277.	3,656.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,037.		161,190.	96,966.		259,193.
11	Total support. Add lines 7 through 10						52620627.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,675,498.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here			•••••		<b>&gt;</b>
Sec	tion C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	76.71 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	69.37 <u>%</u>
	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶

Schedule A (Form 990) 2021

### 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)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
40		
4c		
5a		
5b		_
5c		
6		
7		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
Sect	ion 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	Illy integrated	Type III supporting orga	nization (see
	instructions)	, ,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	`

Schedule A (Form 990) 2021

Sche	dule A	(Form 990) 2021 DIGITAL GREEN		26	5-2418959 Page 7	
Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	orgar	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	 S	3		
4	Amou	unts paid to acquire exempt-use assets	-		4	
5	Quali	fied set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6		r distributions (describe in Part VI). See instructions.	,		6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	he organization is responsive			
	(prov	ide details in Part VI). See instructions.			8	
9		butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
Sect		- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distri	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exce	ss distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
ī	Carry	rover from 2016 not applied (see instructions)				

Schedule A (Form 990) 2021

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2021 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
5 Remaining underdistributions for years prior to 2021, if

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

line 7:

and 4c.
 B Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

DIGITAL GREEN FOUNDATION

26-2418959

Filers of:		Section:						
Form 990 or	990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990-P	F	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Only	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Ru	le							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rul	es							
sec	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
col	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
yea is o pu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \brace \limits_{\text{\te							
answer "No	on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify prequirements of Schedule B (Form 990).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization Employer identification number

# DIGITAL GREEN FOUNDATION

26-2418959

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,000,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,605,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$653,020.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>818,574.</u>	Person X Payroll

Name of organization Employer identification number

# DIGITAL GREEN FOUNDATION

26-2418959

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
123/153 11-11	01		Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 

26 2410050

Part III				26 – 24 1 8 9 5 9			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of the contributor of Part III (a) and the contributor of Part I	charitable, etc., contributions of \$1	,000 or less for the	rganizations ne year. (Enter this info. once.) \$			
(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of gif	ft	(d) Description of how gift is held			
Tarri							
-		(e) Transfe	r of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
(-) N -							
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Ro	elationship of transferor to transferee			
(a) No	-	_					
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held			
-							
		(e) Transfe					
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DIGITAL GREEN FOUNDATION

**Employer identification number** 26-2418959

Pai	rt I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
		organization answered Tes Official 1990, Fait IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in wi	riting that the assets he	eld in donor advised fu	nds
•		e organization's property, subject to the organization's ex	-		
6		e organization inform all grantees, donors, and donor adv			
•		aritable purposes and not for the benefit of the donor or			
		missible private benefit?	•		
Pai		Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organization		,	
	_	Preservation of land for public use (for example, recreation	·	Preservation of a his	storically important land area
		Protection of natural habitat	, _	7	rtified historic structure
	=	Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a c	conservation easement on the last
	-	f the tax year.			Held at the End of the Tax Year
а					2a
b					
C		er of conservation easements on a certified historic struc			
d		er of conservation easements included in (c) acquired aft			
		in the National Register			2d
3		er of conservation easements modified, transferred, relea			
	year		, 0	, 0	Ç
4	Numb	er of states where property subject to conservation ease	ment is located		
5		the organization have a written policy regarding the perio		ion, handling of	
		ons, and enforcement of the conservation easements it h			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, ha			
	<b>•</b>				
7	Amou	nt of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	easements during the year
	▶\$				
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	B)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9		t XIII, describe how the organization reports conservation			
	balan	ce sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	hat describes the
	organ	ization's accounting for conservation easements.			
Pai	rt III	Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958,	, not to report in its reve	enue statement and ba	alance sheet works
	of art,	historical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public
	servic	e, provide in Part XIII the text of the footnote to its financ	ial statements that des	cribes these items.	
b	If the	organization elected, as permitted under FASB ASC 958,	, to report in its revenue	e statement and balan	ce sheet works of
	art, hi	storical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtheran	ce of public service,
	provid	le the following amounts relating to these items:			
	(i) R	evenue included on Form 990, Part VIII, line 1			
					k 4
2	If the	organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	
	the fo	llowing amounts required to be reported under FASB AS	C 958 relating to these	items:	
а		nue included on Form 990, Part VIII, line 1			• \$
b		s included in Form 990, Part X			<b>.</b> .
LHA	For P	aperwork Reduction Act Notice, see the Instructions 1	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

11461219 745960 10305

Description of property	(a) Cost or other basis (investment)			(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other		61,361.	35,311.	26,050.
Total Add lines 1a through 1e (Column (d) must assu	of Forms OOO Port V colum	(D) (in a 10 a )		26 050.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 DIGITAL GREI Part VII Investments - Other Securities.	EN FOUNDATION	26	-2418959 Page 3
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives	. ,	•	
(2) Closely held equity interests			
(3) Other			
(A) PUBLICLY TRADED			
(B) SECURITIES	8,756,753.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,756,753.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			146 501
(2) REFUNDABLE ADVANCE			446,501.
(3)			

(4) (5) (6) (7) (8) 446,501. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts with	Revenue per Re	turn.	
1				1	22,282,661.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				22/202/001
	Net unrealized gains (losses) on investments	2a	-58,357.		
b	Donated services and use of facilities	2b	243,527.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	185,170.
3	Subtract line <b>2e</b> from line <b>1</b>			3	185,170. 22,097,491.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,143.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	2,143.
					2,143. 22,099,634.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  T XII   Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,597,394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
а	Donated services and use of facilities	2a	243,527.		
b	Prior year adjustments	2b	•		
C	Other losses	2c			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	243,527.
3	Subtract line <b>2e</b> from line <b>1</b>			3	243,527. 9,353,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,143.		
	Other (Describe in Part XIII.)		•		
	Add lines <b>4a</b> and <b>4b</b>			4c	2,143.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5	9,356,010.
Pai	t XIII Supplemental Information.				-
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			; Part :	X, line 2; Part XI,
PAF	RT X, LINE 2:				
FOF	R THE YEARS ENDED MARCH 31, 2022 AND 2021, T	THE FO	DUNDATION H	AS :	DOCUMENTED
ITS	CONSIDERATION OF FASB ASC 740-10, INCOME 1	raxes,	, THAT PROV	IDE	S GUIDANCE
FOF	R REPORTING UNCERTAINTY IN INCOME TAXES AND	HAS I	DETERMINED	THA'	T NO
MAT	PERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR E	ZITHER	R RECOGNITI	ON (	OR
	~				
DIS	SCLOSURE IN THE CONSOLIDATED FINANCIAL STATE	EMENTS	5.		

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

## DIGITAL GREEN FOUNDATION Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

26-2418959

	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	United States.					
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region		gram services, investments, grants to	describe specific type	investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				GRANTS TO RECIPIENTS		
EUR	OPE	0	0	LOCATED IN REGION		104,297.
						,
				GRANTS TO RECIPIENTS		
SOU	TH ASIA	0		LOCATED IN REGION		1,448,081.
		_	-			
				GRANTS TO RECIPIENTS		
GIIB.	-SAHARAN AFRICA	0		LOCATED IN REGION		146,939.
	Diminum in Recoil			IN REGION		110,333.
				GRANTS TO RECIPIENTS		
MODI	TH AMERICA	0		LOCATED IN REGION		100 000
NOK.	IN AMERICA	U	U	LOCATED IN REGION		100,000.
					GOVE COOM REPROMINE	
					SCALE COST-EFFECTIVE	
aom	DII AGTA	1	0	DDOGDAN GEDYLGE AGELYLEIG	TECHNOLOGY TO EMPOWER	70 605
500	TH ASIA	1	9	PROGRAM SERVICE ACTIVITIES	SMALL HOLDER FARMERS	70,685.
					ENHANCE	
					GOVERNMENT-SUPPORTED	
			2.0	L	EXTENSION TO SMALL	0.55 40.5
SUB	-SAHARAN AFRICA	1	38	PROGRAM SERVICE ACTIVITIES	HOLDER FARMERS	265,406.
					PARTNERED WITH LOCAL	
					VENDORS TO SUPPORT	
					ACTIVITIES IN ASIA AND	
EUR	OPE	0	1	PROGRAM SERVICE ACTIVITIES	AFRICA	76,245.
3 a	Subtotal	2	48			2,211,653.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	2	48			2,211,653.
ΙНΔ	For Panerwork Reducti	ion Act Notice	saa tha Instruct	ions for Form 990	Schedule E	Form 990) 2021

132071 12-20-21

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			LANDSCAPE ANALYSIS					
			AND ENGAGEMENT WITH					
			KEY STAKEHOLDERS IN					
		EUROPE	WHEAT AND DAIRY VALUE	49,959.	WIRE	0.		
			SUPPORT DEVELOPING					
			LOCAL EXTENSION					
			CAPACITY COMMUNITY OF					
		EUROPE	PRACTICE; HOST	30,242.	WIRE	0.		
			EVALUATE OUTCOMES,					
			PUBLISH FINDINGS					
			MATERNAL AND CHILD					
		EUROPE	NUTRITION AND FAMILY	24,097.	WIRE	0.		
			LOW-COST INTEGRATED					
			CONTINUOUS MONITORING					
			SURVEYS, HEALTH AND					
		SOUTH ASIA	NUTRITION PROGRAM,	9,498.	WIRE	0.		
			COMMUNITY-BASED VIDEO					
			TO IMPROVE UPTAKE OF					
			NUTRITION, FAMILY					
		SOUTH ASIA	PLANNING AND MATERNAL	14,311.	WIRE	0.		
			COMMUNITY VIDEO,					
			DEVELOPMENT & USE OF					
			DIGITAL TOOLS TO					
		SOUTH ASIA	STRENGTHEN FARMER	1318912.	WIRE	0.		
			CONDUCT SURVEYS,					
			INTERVIEWS, COLLECT					
			AND ANALYZE DATA TO					
		SOUTH ASIA	DOCUMENT PROCESSES,	12,441.	WIRE	0.		
			INTERACTIVE VOICE					
			RESPONSE PLATFORM FOR					
			MESSAGE DISSEMINATION					
		SOUTH ASIA	TO IMPROVE NUTRITION,	20,945.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			COMMUNITY RADIO FOR					
			MESSAGE DISSEMINATION					
			TO IMPROVE NUTRITION,					
		SOUTH ASIA	FAMILY PLANNING AND	21,771.	WIRE	0.		
			MULTIPLE ICTS FOR					
			MESSAGE DISSEMINATION					
			TO IMPROVE MATERNAL,					
		SOUTH ASIA	INFANT, YOUNG CHILD	50,202.	WIRE	0.		
			DESIGN AND IMPLEMENT	·				
			AN AGRO-ADVISORY					
			SERVICES USE CASE FOR					
		NORTH AMERICA	ENHANCING PRODUCTION	100,000.	WIRE	0.		
			PREPARE FARM ADVISORY	·				
			MESSAGE CONTENT					
		SUB-SAHARAN	(WHEAT & DAIRY					
		AFRICA	PRODUCTION) FOR	100,000.	WIRE	0.		
			TRAINING COMMUNITY					
			GROUPS & FARMERS:					
		SUB-SAHARAN	PARTICIPATORY LAND					
		AFRICA	USE PLANNING, FOREST	46,939.	WIRE	0.		
			,	,				

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

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Page 5

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

PART I, LINE 2:

"REQUEST FOR PROPOSAL" OR A SCOPE OF WORK AND BUDGET MUST BE SUBMITTED BY AN ENTITY ASKING FOR FUNDING FROM THE FOUNDATION. ONCE THE SUBMISSION IS REVIEWED AND APPROVED, THE FOUNDATION REGULARLY MONITORS THE PERFORMANCE OF THE GRANT. THIS INCLUDES REGULAR REVIEW OF PROGRAMMATIC AND FINANCIAL REPORTS AND AUDITED FINANCIAL STATEMENTS. ADDITIONALLY, THE FOUNDATION PERFORMS ON-SITE MONITORING ON ORGANIZATIONS.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: LANDSCAPE ANALYSIS AND ENGAGEMENT WITH KEY STAKEHOLDERS IN WHEAT AND DAIRY VALUE CHAINS TO IDENTIFY CHALLENGES RELATED TO SHARING DATA; FORMULATE POLICIES AND APPROACHES THAT MINIMIZE FRICTION AND MAXIMIZE INCENTIVES FOR DATA EXCHANGE, ETHIOPIA.

REGION: EUROPE

(D) PURPOSE OF GRANT: SUPPORT DEVELOPING LOCAL EXTENSION CAPACITY COMMUNITY OF PRACTICE; HOST CONVENINGS AND TRAININGS IN AG EXTENSION, GLOBAL.

REGION: EUROPE

(D) PURPOSE OF GRANT: EVALUATE OUTCOMES, PUBLISH FINDINGS MATERNAL AND CHILD NUTRITION AND FAMILY PLANNING PROJECT, INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: LOW-COST INTEGRATED CONTINUOUS MONITORING SURVEYS, HEALTH AND NUTRITION PROGRAM, INDIA.

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Part V | Supplemental Information

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

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COMMUNITY-BASED VIDEO TO IMPROVE UPTAKE OF NUTRITION, FAMILY PLANNING AND MATERNAL AND CHILD HEALTH BEHAVIORS, INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COMMUNITY VIDEO, DEVELOPMENT & USE OF DIGITAL TOOLS TO STRENGTHEN FARMER GROUPS AND IMPROVE ACCESS TO LOCALIZED ADVISORY INFORMATION & AG SERVICE PROVIDERS TO IMPROVE AG LIVELIHOODS AND NUTRITION OUTCOMES, INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CONDUCT SURVEYS, INTERVIEWS, COLLECT AND ANALYZE DATA TO DOCUMENT PROCESSES, CHALLENGES AND LEARNINGS FROM IMPLEMENTATION OF SPECIFIC INTERVENTIONS TO IMPROVE INCOMES OF SMALL-SCALE FARMERS, INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INTERACTIVE VOICE RESPONSE PLATFORM FOR MESSAGE DISSEMINATION TO IMPROVE NUTRITION, FAMILY PLANNING AND MATERNAL AND CHILD HEALTH BEHAVIORS, INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COMMUNITY RADIO FOR MESSAGE DISSEMINATION TO IMPROVE NUTRITION, FAMILY PLANNING AND MATERNAL AND CHILD HEALTH BEHAVIORS, INDIA.

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Schedule F (Form 990) 2021

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

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MULTIPLE ICTS FOR MESSAGE DISSEMINATION TO IMPROVE MATERNAL, INFANT, YOUNG CHILD NUTRITION, INDIA.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: DESIGN AND IMPLEMENT AN AGRO-ADVISORY SERVICES USE CASE FOR ENHANCING PRODUCTION AND MARKETING OF DURUM WHEAT, ETHIOPIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREPARE FARM ADVISORY MESSAGE CONTENT (WHEAT & DAIRY PRODUCTION) FOR MULTICHANNEL DELIVERY, CUSTOMIZE AND TRANSLATE WHEAT RUST ADVISORY REPORTS AND DEVELOP RELEVANT ADVISORY MESSAGES, ETHIOPIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAINING COMMUNITY GROUPS & FARMERS: PARTICIPATORY LAND USE PLANNING, FOREST MANAGEMENT & RESTORATION, SUSTAINABLE COFFEE FARMING, ETHIOPIA.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) DIGITAL GREEN WORKED CLOSELY WITH THE INDIAN GOVERNMENT'S BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (JEEVIKA) TO AUGMENT EXISTING SUPPORT SYSTEMS THROUGH GOVERNMENT-SUPPORTED EXTENSION SERVICE AGENTS.

WE ALSO PARTNERED WITH THE STATE RURAL LIVELIHOOD MISSIONS IN ANDHRA

Schedule F (Form 990) 2021

Page 5

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

PRADESH, BIHAR, JHARKHAND, ODISHA, AND TELANGANA. WE TRAIN THESE AGENTS IN THE USE OF SCALABLE, COST-EFFECTIVE TECHNOLOGIES THAT MAKE THEIR WORK IN RURAL COMMUNITIES MORE EFFECTIVE, EFFICIENT, AND IMPACTFUL. ADDITIONALLY, WE ALSO WORKED WITH STATE RURAL LIVELIHOOD MISSIONS ACROSS FIVE INDIAN STATES, BUILDING THEIR CAPACITY TO EMPLOY VIDEO- AND OTHER ICT-ENABLED APPROACHES THAT IMPROVE MATERNAL CHILD HEALTH AND NUTRITION.

BEYOND INDIA, DIGITAL GREEN WORKED IN BANGLADESH AND MYANMAR TO DEVELOP LOCAL EXTENSION CAPACITY TO DELIVER LOCALLY-TAILORED, PARTNERSHIP-BASED SOLUTIONS AND BY MOBILIZING ACTIVE COMMUNITIES OF PRACTICE TO ADVOCATE FOR SCALING PROVEN APPROACHES. WE TAKE CARE TO DESIGN OUR METHODS WITH AN EYE FOR GENDER INCLUSIVITY AND CLIMATE RESILIENCE. BUILDING ON OUR SUCCESS, WE ARE CONTINUING TO EXPAND OUR COMMUNITY VIDEO APPROACH, ALONG WITH OTHER TECHNOLOGIES, TO REACH MILLIONS MORE FARMERS IN THE NEXT THREE YEARS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) DIGITAL GREEN WORKS WITH THE ETHIOPIAN MINISTRY OF AGRICULTURE (MOA) AND THE AGRICULTURAL TRANSFORMATION AGENCY (ATA), WITH EMBEDDED PROJECT STAFF AT MULTIPLE LEVELS WITHIN THE MOA. WE ALSO PARTNER WITH THE REGIONAL BUREAUS OF AGRICULTURE IN OROMIA, AMHARA, SIDAMA, AND SOUTHERN NATIONS, NATIONALITIES, AND PEOPLES' REGION (SNNPR). WE'VE WORKED WITH GOVERNMENT-SUPPORTED EXTENSION SERVICE PROVIDERS IN ETHIOPIA FOR OVER A DECADE, ENHANCING THEIR ASSISTANCE TO RURAL COMMUNITIES BY TRAINING THEM IN SCALABLE, COST-EFFECTIVE TECHNOLOGIES THAT INCREASE THEIR EFFECTIVENESS, EFFICIENCY, AND IMPACT.

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  DIGITAL G	REEN FOUN	DATION					Employer identification number 26-2418959
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DIMAGI INC. 5 MASSACHUSETTS AVE, SUITE 3 CAMBRIDGE, MA 02139	83-0343298		184,960.	0.			SUPPORT DEVELOPMENT FARMER REGISTRY AND CONTENT MANAGEMENT SYSTEM TO IMPROVE DELIVERY OF
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE - 2033 K ST. NW - WASHINGTON, DC 20006	52-1041632	501(C)(3)	196,695.	0.			MONITORING AND EVALUATION PARTNER, DATA ANALYSIS TO DEVELOP AND TEST WHEAT QUALITY AND CERTIFICATION
PRECISION DEVELOPMENT 1150 WALNUT ST., 2ND FLOOR NEWTON, MA 02461	81-0779400	501(C)(3)	452,145.	0.			DATA COLLECTION AND ANALYSIS, ADVISORY CONTENT DEVELOPMENT, DIGITAL ADVISORY DELIVERY
<ul> <li>2 Enter total number of section 501(c)(3) at</li> <li>3 Enter total number of other organizations</li> </ul>	•	•	e line 1 table				2. 1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.					
PART I, LINE 2:									
"REQUEST FOR PROPOSAL" OR A SCOPE O	OF WORK A	ND BUDGET	MUST BE SU	BMITTED BY					
AN ENTITY ASKING FOR FUNDING FROM	THE FOUND	ATION. ONC	CE THE SUBM	ISSION IS					
REVIEWED AND APPROVED, THE FOUNDAT:	ION REGUL	ARLY MONIT	ORS THE PE	RFORMANCE OF					
THE GRANT. THIS INCLUDES REGULAR RI	EVIEW OF	PROGRAMMAT	CIC AND FIN	ANCIAL					
REPORTS AND AUDITED FINANCIAL STATE	EMENTS. A	DDITIONALI	Y, THE FOU	NDATION					
PERFORMS ON-SITE MONITORING ON ORGA	ANIZATION	s.							

Part IV   Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: DIMAGI INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT DEVELOPMENT FARMER REGISTRY
AND CONTENT MANAGEMENT SYSTEM TO IMPROVE DELIVERY OF CONTEXTUALIZED AG
ADVISORY SERVICES, ETHIOPIA.
NAME OF ORGANIZATION OR GOVERNMENT:
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: MONITORING AND EVALUATION PARTNER,
DATA ANALYSIS TO DEVELOP AND TEST WHEAT QUALITY AND CERTIFICATION
ACTIVITIES, ETHIOPIA.
NAME OF ORGANIZATION OR GOVERNMENT: PRECISION DEVELOPMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: DATA COLLECTION AND ANALYSIS,
ADVISORY CONTENT DEVELOPMENT, DIGITAL ADVISORY DELIVERY CHANNEL
STRENGTHENING, DAIRY SECTOR, ETHIOPIA.

# 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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

DIGITAL GREEN FOUNDATION

Employer identification number 26-2418959

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RIKIN GANDHI	(i)	185,308.	0.	0.	6,559.	31,443.	223,310.	0.
PRESIDENT, EXEC. DIR. & CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALESHA MILLER	(i)	148,820.	0.	0.	7,515.	24,776.	181,111.	0.
SECRETARY, VP STRATEGY & PRTNRSHPS.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GIOVANNA MASCI	(i)	164,071.	0.	0.	3,927.	11,384.	179,382.	0.
TREASURER, VP INTERNAL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VICKY HAWK	(i)	142,771.	0.	0.	5,438.	25,525.	173,734.	0.
DIRECTOR, GLOBAL FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021
Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DIGITAL GREEN FOUNDATION

Employer identification number 26-2418959

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE COMPLETED FORM 990 WAS CIRCULATED TO THE GOVERNING BODY FOR REVIEW, BEFORE IT WAS FILED WITH THE IRS.

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

ALL DIRECTORS AND OFFICERS ARE REQUIRED TO ANNUALLY SIGN A STATEMENT

AFFIRMING THAT THEY HAVE RECEIVED THE CONFLICT OF INTEREST POLICY, HAVE

READ AND UNDERSTAND IT, AND AGREE TO COMPLY WITH IT.

THE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE INTEREST, IT INFORMS THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE COMMITTEE DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WHICH MAY INCLUDE: A) RECONSIDERATION OF WHETHER THE TRANSACTION OR ARRANGEMENT WAS IN THE BEST INTERESTS OF AND WAS FAIR AND REASONABLE TO THE CORPORATION AT THE TIME IT WAS UNDERTAKEN; B) RECOMMENDING THE INTERESTED PERSON'S REMOVAL FROM THE BOARD; AND C) OTHER ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES OF THE PRESIDENT AND TREASURER, IF ANY, WILL BE FIXED FROM

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization  DIGITAL GREEN FOUNDATION	Employer identification number 26-2418959
TIME TO TIME BY RESOLUTION OF THE BOARD OF DIRECTORS (AS F	REQUIRED) AND
INCLUDES COMPARABLE DATA. SALARIED INDIVIDUALS CANNOT VOTE	ON THEIR OWN
COMPENSATION. ALL COMPENSATION DECISIONS WILL BE MADE BY A	MAJORITY VOTE OF
DISINTERESTED BOARD MEMBERS. IN ALL CASES, ANY SALARIES RE	CEIVED BY
OFFICERS OF THE ORGANIZATION WILL BE REASONABLE AND GIVEN	IN RETURN FOR
SERVICES ACTUALLY RENDERED TO OR FOR THE ORGANIZATION. A S	SALARY SURVEY IS
USED IN THE CEO'S COMPENSATION PROCESS AND THE PROCESS IS	DOCUMENTED IN THE
BOARD MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE IN	APRIL 2021.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	715,035.
MANAGEMENT AND GENERAL EXPENSES	164,306.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	879,341.
HR SERVICES:	
PROGRAM SERVICE EXPENSES	106,243.
MANAGEMENT AND GENERAL EXPENSES	18,786.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	125,029.
SECURITY SYSTEMS:	
PROGRAM SERVICE EXPENSES	56,675.
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021	Page 2 Employer identification number
Name of the organization  DIGITAL GREEN FOUNDATION	26-2418959
MANAGEMENT AND GENERAL EXPENSES	10,022.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,697.
RESEARCH:	
PROGRAM SERVICE EXPENSES	45,071.
MANAGEMENT AND GENERAL EXPENSES	7,970.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	53,041.
DATA ANALYTICS:	
PROGRAM SERVICE EXPENSES	44,208.
MANAGEMENT AND GENERAL EXPENSES	7,817.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	52,025.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	444,082.
MANAGEMENT AND GENERAL EXPENSES	78,525.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	522,607.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,698,740.

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

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	DIGITAL GREEN	FOUNDATION					<u> 26-24189</u>	159	
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes	on Form 990, Part IV, line 33	в.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	(e) me End-of-year		(f) Direct contr entity		9
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	controlling Section 8	
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, income cluded from tax under cluded from tax und		General o	Percentage			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
LOOP AGTECH PRIVATE LIMITED  602 BLOCK A NAURANG HOUSE 21 KG MARG CONNAUGH	-		DIGITAL GREEN						No
NEW DELHI, DELHI, INDIA 110001	INTERVENTIONS	INDIA	FOUNDATION	C CORP	0.	0.	97.00%	X	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gi	π, grant, or capital contribution to related organization(s)				10	^_				
<b>c</b> Gi	ft, grant, or capital contribution from related organization(s)				1c	X				
	ans or loan guarantees to or for related organization(s)				1d	X				
	ans or loan guarantees by related organization(s)				1e	X				
<b>f</b> Div	vidends from related organization(s)				1f	X				
	lle of assets to related organization(s)				1g	X				
<b>h</b> Pu	rchase of assets from related organization(s)				1h	X				
i Ex	change of assets with related organization(s)				1i	X				
j Le	j Lease of facilities, equipment, or other assets to related organization(s)									
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)				1k	X				
	rformance of services or membership or fundraising solicitations for related organ				11	X				
<b>m</b> Pe	rformance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X				
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X				
					10	X				
<b>p</b> Re	imbursement paid to related organization(s) for expenses				1p	X				
<b>q</b> Re	imbursement paid by related organization(s) for expenses				1q	X				
r Ot	her transfer of cash or property to related organization(s)				1r	X				
	her transfer of cash or property from related organization(s)				1s	X				
2 If t	he answer to any of the above is "Yes," see the instructions for information on whether the second s	ho must complete th	is line, including covered rela	tionships and transaction thresholds.						
	<b>(a)</b> Name of related organization	_ (b)	(c)	(d)						
	name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	ivolved					
		typo (a o)								
(1)										
(0)										
(2)										
(0)										
(3)										
(4)										
(4)										
<i>(</i> <b>5</b> )										
(5)										
(e)										
(6)		I		Calcadid	. D. /Гания О	00) 0004				
132163 11-	-17-21			Schedule	R (Form 9	90) 2021				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			