

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DIGITAL PROMISE GLOBAL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1001 CONNECTICUT AVE, NW 935</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>	<b>D</b> Employer identification number <b>46-5460594</b>
	<b>E</b> Telephone number <b>202-450-3675</b>	<b>G</b> Gross receipts \$ <b>9,061,198.</b>
	<b>F</b> Name and address of principal officer: <b>KAREN CATOR</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>HTTP://DIGITALPROMISE.ORG/INITIATIVE/GLOBAL</b>	<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2013</b>	<b>M</b> State of legal domicile: <b>DC</b>

Part I Summary			
<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE OPPORTUNITY TO LEARN FOR ALL STUDENTS ACROSS THE GLOBE THROUGH TECHNOLOGY.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	107
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,542,682.	5,811,316.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,857,875.	3,017,212.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,052.	232,670.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,830.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,409,439.	9,061,198.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,052,917.	1,750,914.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,474,414.	5,622,975.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>128,108.</b>	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,457,452.	3,113,459.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,984,783.	10,487,348.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,575,344.	-1,426,150.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	8,743,095.	109,421,120.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,272,231.	94,947,560.
		7,470,864.	14,473,560.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer <b>KAREN CATOR, CEO AND PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HOLLY CAPORALE</b>	Preparer's signature
	Firm's name ▶ <b>COUNCILOR, BUCHANAN &amp; MITCHELL, P.C.</b>	Date <b>11/06/20</b>
	Firm's address ▶ <b>7910 WOODMONT AVE. STE. 500 BETHESDA, MD 20814</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00235685</b>
		Firm's EIN ▶ <b>52-1711839</b>
		Phone no. (301) <b>986-0600</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DIGITAL PROMISE GLOBAL WAS FOUNDED IN 2014 TO ACCELERATE INNOVATION IN EDUCATION TO IMPROVE OPPORTUNITIES TO LEARN. DIGITAL PROMISE GLOBAL WAS INCORPORATED AS AN INDEPENDENT ORGANIZATION, ALONGSIDE DIGITAL PROMISE, TO EXPAND DIGITAL PROMISE'S MISSION GLOBALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,731,238. including grants of \$ 1,169,922.) (Revenue \$ 1,428,014.) LEARNING SCIENCES RESEARCH: LEARNING SCIENCES RESEARCH FOCUSES ON THE WHY, WHAT, AND HOW OF LEARNING, IN AND OUT OF SCHOOL. IN 2019 DIGITAL PROMISE GLOBAL WAS AWARDED A PRIME RESEARCH GRANT FROM THE NATIONAL SCIENCE FOUNDATION, TO WORK WITH TWO RURAL KENTUCKY SCHOOL DISTRICTS TO DEVELOP INTRODUCTORY COMPUTER SCIENCE (CS) COURSEWORK FOR ALL THEIR K-8 CLASSROOMS. DIGITAL PROMISE GLOBAL WAS AWARDED SEVERAL SUBAWARDS, ALSO FUNDED BY THE NATIONAL SCIENCE FOUNDATION, INCLUDING SCIENCE PROJECTS INTEGRATING COMPUTING AND ENGINEERING, AND AN EARLY-PHASE FIELD-GENERATED INITIATIVE TO INFUSE COMPUTATIONAL THINKING INTO STEM TEACHING, LEARNING, AND ASSESSMENTS FOR GRADES 3-8, SPECIFICALLY ADDRESSING LEARNER VARIABILITY AND NEURODIVERSITY. IN ADDITION, DIGITAL PROMISE GLOBAL CONTINUED TO WORK ON NUMEROUS NSF AND US

4b (Code: ) (Expenses \$ 2,337,272. including grants of \$ 190,000.) (Revenue \$ 17,300.) RESEARCH IN ACTION: RESEARCH IN ACTION WORKS TO TRANSFORM THE RELATIONSHIP BETWEEN EDUCATION RESEARCH AND PRACTICE. AS PART OF THESE EFFORTS THE LEARNER VARIABILITY PROJECT (LVP) AND THE LEARNER VARIABILITY NAVIGATOR (LVN) A WEB APP, SEEK TO UNCOVER EVIDENCE-BASED FACTORS AND STRATEGIES TO MEET LEARNERS WHERE THEY ARE ACROSS VARIED CONTEXTS AND NEEDS. 2019 ACTIVITIES INCLUDE THE LAUNCH OF A NEW VERSION OF THE LVN WITH AN IMPROVED VISUAL AND USER EXPERIENCE. THE UPDATE ALSO ALLOWS USERS TO CREATE PERSONALIZED "WORKSPACES." IN 2019 WE ALSO PUBLISHED LEARNER MODELS UNDER THE LVP: MATH GRADES 3-6, MATH GRADES 7-9, AND LITERACY GRADES 7-12.

4c (Code: ) (Expenses \$ 1,745,098. including grants of \$ 119,797.) (Revenue \$ 381,171.) NETWORKS: THROUGH DIGITAL PROMISE GLOBAL'S NETWORKS WE CONNECT, CONVENE, AND COLLABORATE WITH THE MOST INNOVATIVE EDUCATORS AND LEADERS ON SHARED CHALLENGES. 2019 ACTIVITIES INCLUDING COLLABORATING WITH THE NATIONAL CHARTER COLLABORATIVE AND WORKING ACROSS SECTORS TO BRING TOGETHER EDUCATORS, ENTREPRENEURS AND RESEARCHERS. ADDITIONALLY, WITH THE TRANSFER OF DIGITAL PROMISE'S ASSETS TO DIGITAL PROMSIE GLOBAL IN NOVEMBER OF 2019, TWO KEY NETWORKS - THE LEAGUE OF INNOVATIVE SCHOOLS AND THE VERIZON INNOVATIVE LEARNING SCHOOLS TRANSFERRED TO DIGITAL PROMISE GLOBAL.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,652,119. including grants of \$ 271,195.) (Revenue \$ 1,190,727.)

4e Total program service expenses 9,465,727.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KATHRYN PETRILLO-SMITH, COO - 202-450-3675 1001 CONNECTICUT AVE, NW, NO. 935, WASHINGTON, DC 20036

**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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. LINDA ROBERTS CHAIR	3.00	X		X				0.	0.	0.
(2) KAREN CATOR PRESIDENT AND CEO	25.00	X		X				103,697.	0.	2,880.
(3) VINCE JUARISTI TREASURER	3.00	X		X				0.	0.	0.
(4) MICHAEL TRUCANO VICE CHAIR	3.00	X		X				0.	0.	0.
(5) SHAE HOPKINS MEMBER	3.00	X						0.	0.	0.
(6) DR. ANTHONY JACKSON MEMBER	3.00	X						0.	0.	0.
(7) DR. SHIRLEY MALCOM MEMBER	3.00	X						0.	0.	0.
(8) RONALD MASON JR. MEMBER	3.00	X						0.	0.	0.
(9) RICHARD STEPHENS MEMBER	3.00	X						0.	0.	0.
(10) DR. YONG ZHAO MEMBER	3.00	X						0.	0.	0.
(11) KATHRYN PETRILLO-SMITH CHIEF OPERATING OFFICER	25.00			X				64,863.	0.	1,285.
(12) DR. BARBARA MEANS EXEC DIR - RESEARCH CENTER	40.00				X			175,356.	0.	20,975.
(13) DR. JEREMY ROSCELLE EXEC DIR - RESEARCH CENTER	40.00				X			199,264.	0.	20,873.
(14) VICTOR VUCHIC CHIEF INNOVATION OFFICER	40.00					X		215,250.	0.	23,738.
(15) BRIAN WRIGHTSON DIRECTOR OF PRODUCT	40.00					X		144,200.	0.	13,967.
(16) BARBARA PAPE COMMUNICATIONS DIRECTOR	40.00					X		135,000.	0.	4,397.
(17) DR. ANDREW KRUMM DIR OF LEARNING ANALYTICS	40.00					X		135,837.	0.	16,110.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARISA BOLD RESEARCH FELLOW	40.00					X		203,430.	0.	13,589.
<b>1b Subtotal</b>								1,376,897.	0.	117,814.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,376,897.	0.	117,814.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET, BOSTON, MA 02135	RESEARCH	451,404.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE, WALTHAM, MA 02453	RESEARCH	323,445.
TIDES CENTER/MAKER ED INITIATIVE 1014 TOURNEY AVE., SAN FRANCISCO, CA 94129	RESEARCH	263,075.
CONCENTRIC SKY, INC 1430 WILLAMETTE ST. #39, EUGENE, OR 97401	WEBSITE DEVELOPMENT	183,918.
SRI INTERNATIONAL 333 RAVENSWOOD AVENUE, MENLO PARK, CA 94025	RESEARCH	172,652.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,509,259.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,302,057.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 44,798.				
	<b>h Total.</b> Add lines 1a-1f			5,811,316.			
<b>Program Service Revenue</b>	<b>2 a</b> PROFESSIONAL SERVICES	<b>Business Code</b>	900099	3,017,212.	3,017,212.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			3,017,212.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			232,670.		232,670.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			9,061,198.	3,017,212.	0.	232,670.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,737,394.	1,737,394.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,520.	13,520.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	828,181.	745,426.	76,806.	5,949.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,906,040.	3,527,951.	285,886.	92,203.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,198.	88,949.	18,774.	2,475.
9 Other employee benefits	389,669.	315,488.	65,812.	8,369.
10 Payroll taxes	388,887.	322,326.	58,822.	7,739.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,752.		37,752.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,197,944.	1,120,506.	76,638.	800.
12 Advertising and promotion				
13 Office expenses	652,706.	483,201.	169,505.	
14 Information technology	113,417.	113,417.		
15 Royalties				
16 Occupancy	194,246.	183,764.	7,421.	3,061.
17 Travel	410,494.	400,070.	5,945.	4,479.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,586.	85,478.	2,108.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	170,928.	161,705.	6,530.	2,693.
23 Insurance	6,920.		6,920.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DUES AND SUBSCRIPTIONS</b>	137,429.	69,744.	67,685.	
b <b>FEDERAL PARTICIPANT SUP</b>	73,854.	73,854.		
c <b>REGISTRATION FEES</b>	22,528.	22,188.	0.	340.
d <b>TAXES AND OTHER ADMIN F</b>	7,081.	177.	6,904.	
e All other expenses	574.	569.	5.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,487,348.	9,465,727.	893,513.	128,108.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,211,690.	<b>1</b>	585,064.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	45,447,244.
	<b>3</b> Pledges and grants receivable, net .....	3,937,900.	<b>3</b>	5,577,380.
	<b>4</b> Accounts receivable, net .....	1,226,209.	<b>4</b>	3,870,958.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	28,166.	<b>9</b>	789,311.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,976,916.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,335,841.	339,130.	<b>10c</b> 641,075.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	38,209,817.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	14,300,271.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,743,095.	<b>16</b>	109,421,120.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	634,625.	<b>17</b>	1,783,135.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	637,606.	<b>19</b>	943,038.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	92,221,387.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,272,231.	<b>26</b>	94,947,560.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,598,209.	<b>27</b>	6,413,615.
	<b>28</b> Net assets with donor restrictions .....	5,872,655.	<b>28</b>	8,059,945.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,470,864.	<b>32</b>	14,473,560.
<b>33</b> Total liabilities and net assets/fund balances .....	8,743,095.	<b>33</b>	109,421,120.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,061,198.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,487,348.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,426,150.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,470,864.
5	Net unrealized gains (losses) on investments	5	-15,137.
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	8,443,983.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,473,560.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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 Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A  
(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization: DIGITAL PROMISE GLOBAL  
Employer identification number: 46-5460594

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] 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).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [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).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] 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.
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...
11 [ ] An organization organized and operated exclusively to test for public safety.
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...
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] 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.
f Enter the number of supported organizations [ ]

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1529765.		9654223.	2542682.	5811316.	19537986.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1529765.		9654223.	2542682.	5811316.	19537986.
<b>5</b> 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) .....						10161576.
<b>6 Public support.</b> Subtract line 5 from line 4.						9376410.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1529765.		9654223.	2542682.	5811316.	19537986.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			4,324.	6,052.	232,670.	243,046.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	65,020.	2300437.	1286232.	1860705.	3017212.	8529606.
<b>11 Total support.</b> Add lines 7 through 10						28310638.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,983,545.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	33.12 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	20.46 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input checked="" type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</b> Did the activities described in (a) 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, SECTION C, FACTS AND CIRCUMSTANCES TEST:**

DIGITAL PROMISE GLOBAL SATISFIES THE FACTS AND CIRCUMSTANCES TEST UNDER REG. SEC. 170A-9(F)(3) FOR THE FOLLOWING REASONS: SINCE ITS INCEPTION, DIGITAL PROMISE GLOBAL HAS RECEIVED GRANTS AND CONTRIBUTIONS AND FROM A BROAD BASE OF PRIVATE FOUNDATIONS, COMPANIES, OTHER DONORS AS WELL AS MORE THAN 10 FEDERAL AWARDS FROM MULTIPLE AGENCIES INCLUDING THE NATIONAL SCIENCE FOUNDATION AND THE US DEPARTMENT OF EDUCATION AND NUMEROUS INSTITUTIONS OF HIGHER EDUCATION. DIGITAL PROMISE GLOBAL RECEIVED A LARGE MULIT-YEAR GRANT WHICH DID NOT QUALIFY AS AN "UNUSUAL GRANT," FROM AN ORGANIZATION THAT HAS SUPPORTED DIGITAL PROMISE GLOBAL SINCE ITS INCEPTION. DIGITAL PROMISE GLOBAL HAS A DIVERSE AND INDEPENDENT GOVERNING BOARD COMPRISED OF INDIVIDUALS WITH RELEVANT EXPERTISE TO THE MISSION AND OPERATIONS OF DIGITAL PROMISE GLOBAL, INCLUDING FUNDRAISING, FINANCIAL CONTROLS AND SUBJECT MATTER EXPERTISE IN INNOVATION IN EDUCATION, EDUCATION TECHNOLOGY AND RESEARCH TO SUPPORT EDUCATION. DIGITAL PROMISE GLOBAL BOARD MEMBERS, BOTH CURRENT AND FORMER, INCLUDE UNIVERSITY PRESIDENTS, EDUCATION TECHNOLOGY ENTREPRENEURS AND KEY RESEARCHERS IN THE FIELDS OF EDUCATION AND LEARNING. DIGITAL PROMISE GLOBAL HAS A BROAD FUNDRAISING CAMPAIGN AND ACTIVELY SEEKS NEW DONORS. FINALLY, DIGITAL PROMISE GLOBAL'S MISSION IS TO ACCELERATE INNOVATION IN EDUCATION TO IMPROVE OPPORTUNITIES TO LEARN WHICH IS A CHARITABLE PURPOSE WITH BROAD PUBLIC APPEAL.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**DIGITAL PROMISE GLOBAL**

Employer identification number

**46-5460594**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number  <b>46-5460594</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>118,387.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>2,254,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>148,815.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number  <b>46-5460594</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>78,457.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>1,014,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>211,372.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number  <b>46-5460594</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 21,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 44,798.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 9,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number  <b>46-5460594</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	101 VERIZON TABLETS _____ _____ _____	\$ 44,798.	11/01/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number  <b>46-5460594</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** DIGITAL PROMISE GLOBAL **Employer identification number** 46-5460594

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,976,916.	1,335,841.	641,075.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				641,075.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	14,300,271.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,300,271.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	92,150,847.
(3) DEFERRED RENT	70,540.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	92,221,387.

2. 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...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	16,097,854.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-15,137.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	7,051,793.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,036,656.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,061,198.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,061,198.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	17,539,141.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	7,051,793.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,051,793.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,487,348.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,487,348.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>DIGITAL PROMISE GLOBAL</b>	Employer identification number <b>46-5460594</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	1,352.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	2,832.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS, AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	716.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS, AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	1,275.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS, AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	3,641.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	SUPPLIES, TOOLS, AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12	3,704.
<b>3 a Subtotal</b> .....	0	0			13,520.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			13,520.

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Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**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)
		NORTH AMERICA	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		716.	LEARNING STUDIOS EQUIPMENT	FMV
		EUROPE	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		2,832.	CAMERAS AND EQUIPMENT FOR VIRTUAL REALITY PROJECTS	FMV
		SOUTH ASIA	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		3,704.	CAMERAS AND EQUIPMENT FOR VIRTUAL REALITY PROJECTS	FMV
		EAST ASIA AND THE PACIFIC	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		1,352.	CAMERAS AND EQUIPMENT FOR VIRTUAL REALITY PROJECTS	FMV
		SOUTH AMERICA	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		1,275.	CAMERAS AND EQUIPMENT FOR VIRTUAL REALITY PROJECTS	FMV
		SUB-SAHARAN AFRICA	TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON EXPERIMENTAL LEARNING	0.		3,641.	CAMERAS AND EQUIPMENT FOR VIRTUAL REALITY PROJECTS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ 0

3 Enter total number of other organizations or entities ..... ▶ 17



**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	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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)* .....  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  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)* .....  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  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  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  No

**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.

**PART I, LINE 2:**

PROGRAM STAFF WORKS WITH RECIPIENTS ABROAD TO ENSURE THAT SUPPLIES AND EQUIPMENT ARE PROPERLY RECEIVED AND FUNCTIONING AS INTENDED. IN MANY CASES, PROGRAM STAFF HANDLES THE PROCUREMENT PROCESS FOR RECIPIENTS BY WORKING WITH SUPPLIERS DIRECTLY OR IN-COUNTRY CUSTOMS PROFESSIONALS. RECIPIENT ORGANIZATIONS ARE THEN REQUIRED TO SUBMIT AN ACKNOWLEDGMENT FORM THAT THEY HAVE RECEIVED THE EQUIPMENT.

**PART I, LINE 3, COLUMN (E):**

REGION: EAST ASIA & PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPLIES, TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12 STUDENTS

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPLIES, TOOLS AND TECHNOLOGIES TO SUPPORT HANDS-ON, EXPERIMENTAL LEARNING WITH K-12 STUDENTS

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **DIGITAL PROMISE GLOBAL** Employer identification number **46-5460594**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALHAMBRA ELEMENTARY SCHOOL DISTRICT - 4510 N. 37TH AVE - PHOENIX, AZ 85019	86-6000510		0.	3,105.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT - 2930 GAY AVENUE - SAN JOSE, CA 95127	77-0016360		75,000.	0.			TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
DIGITAL PROMISE 1001 CONNECTICUT AVENUE NW, SUITE 9 WASHINGTON, DC 20036	46-5460594	501(C)3	14,967.	0.			TO SUPPORT THE WORK OF THE COMPUTATIONAL THINKING PATHWAYS RESEARCH PROJECT
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453	04-2241718		323,445.	0.			TO PROVIDE DATA ANALYSIS TO SUPPORT THE WORK OF THE LEARNING SCIENCES RESEARCH PORTFOLIO
ESPARK, INC. 223 W ERIE ST, STE 3NW CHICAGO, IL 60654	27-4955142		50,000.	0.			TO PROVIDE EXPERTISE ON DEVELOPING PROTOTYPES TO SUPPORT THE LEARNER VARIABILITY PROJECT
IMAGINE LEARNING, INC 382 W PARK CIR, SUITE 100 PROVO, UT 84604	01-0814204		50,000.	0.			TO PROVIDE EXPERTISE ON DEVELOPING PROTOTYPES TO SUPPORT THE LEARNER VARIABILITY PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **23.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN PRARIE SCHOOL DISTRICT 204 780 SHORELINE DRIVE AURORA, IL 60504	36-2746876		34,366.	0.			SUBAWARD UNDER THE COMPUTATIONAL THINKING PATHWAYS RESEARCH PROJECT
IOWA CITY COMMUNITY SCHOOL DISTRICT - 1725 N DODGE STREET - IOWA CITY, IA 52245	42-6023567		39,466.	0.			SUBAWARD UNDER THE COMPUTATIONAL THINKING PATHWAYS RESEARCH PROJECT
IREDELL-STATESVILLE BOARD OF EDUCATION - PO BOX 911 - STATESVILLE, NC 28677	56-1744267		15,000.	0.			SITE PAYMENT TO SUPPORT THE WORK OF THE LEARNER VARIABILITY PROJECT
IRVING INDEPENDENT SCHOOL DISTRICT 2621 W. AIRPORT FWY IRVING, TX 75062	75-6001854		0.	9,758.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
LOS ANGELES UNIFIED SCHOOL DISTRICT - 333 S. BEAUDRY AVENUE, 28TH FLOOR - LOS ANGELES, CA 90017	95-6001908		0.	15,967.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
MIAMI-DADE COUNTY PUBLIC SCHOOLS 1450 NE 2ND AVENUE MIAMI, FL 33132	59-6000572		0.	444.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
NEWARK PUBLIC SCHOOLS 765 BROAD STREET NEWARK, NJ 07102	22-6002140		0.	8,427.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
NEWSELA, INC. 620 8TH AVE, 21ST FLOOR NEW YORK, NY 10018	47-1882828		50,000.	0.			TO PROVIDE EXPERTISE ON DEVELOPING PROTOTYPES TO SUPPORT THE LEARNER VARIABILITY PROJECT
NORC 55 EAST MONROE STREET, SUITE 2000 CHICAGO, IL 60603	36-2167808		37,615.	0.			TO SUPPORT THE WORK OF THE CENTER FOR INNOVATIVE RESEARCH IN CYBERLEARNING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ILLINOIS UNIVERSITY ACCOUNTING OFFICE, LOWDEN HALL 201 DEKALB, IL 60115	36-6008480		67,529.	0.			TO SUPPORT THE WORK OF THE CENTER FOR INNOVATIVE RESEARCH IN CYBERLEARNING
SAN ANTONIO ISD 141 LAVACA ST SAN ANTONIO, TX 78210	74-6002167		0.	7,097.	PURCHASE PRICE	VERIZON TABLETS	TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS
SRI INTL 333 RAVENSWOOD AVE MENLO PARK, CA 94025	94-1160950		171,826.	0.			TO SUPPORT THE RESEARCH WORK OF THE LEARNING SCIENCES RESEARCH AWARDS
TALLADEGA COUNTY SCHOOLS PO BOX 887 TALLADEGA, AL 35161	63-6001115		29,465.	0.			SUBAWARD UNDER THE COMPUTATIONAL THINKING PATHWAYS RESEARCH PROJECT
TIDES CENTER/MAKER ED INITIATIVE PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)3	257,675.	0.			TO CONNECT THE GROWING NETWORK OF MAKER EDUCATORS AND ORGANIZATIONS AND TO
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	04-2104397	501(C)3	390,242.	0.			TO PROVIDE EXPERTISE ON DEVELOPING PROTOTYPES TO SUPPORT THE NEXT GENERATION PRESCHOOL
ZYROBOTICS, LLC 3522 ASHFORD DUNWOODY RD. NE, STE 1 ATLANTA, GA 30319	46-3728467		25,000.	0.			TO PROVIDE EXPERTISE ON DEVELOPING PROTOTYPES TO SUPPORT THE LEARNER VARIABILITY PROJECT
VANCOUVER PUBLIC SCHOOLS 2901 FALK ROAD, #102 VANCOUVER, WA 98661	91-6001540		9,500.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE
IOWA CITY COMMUNITY SCHOOL DISTRICT - 1725 N DODGE STREET - IOWA CITY, IA 52245	42-6023567		9,500.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD EDUCATION FOUNDATION 600 SE THIRD AVE FORT LAUDERDALE, FL 33301	59-2359433	501(C)3	10,500.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE
COMPTON UNIFIED SCHOOL DISTRICT 501 S. SANTA FE AVE COMPTON, CA 90221	95-2650551		12,500.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE
TALLADEGA COUNTY SCHOOLS P.O. BOX 887 TALLADEGA, AL 35161	63-6001115		9,000.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE
URBAN LEAGUE OF LOUISIANA 4640 S CARROLLTON AVE, STE 210 NEW ORLEANS, LA 70119	72-0423627	501(C)3	10,000.	0.			SITE PAYMENT TO PARTICIPATE IN COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE

**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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL ENTITIES RECEIVING GRANT FUNDS SIGN A MEMORANDUM OF UNDERSTANDING (MOU) OR GRANT AGREEMENT THAT INCLUDES THE POLICIES AND REQUIREMENTS FOR RECEIVING THE GRANT FUNDS. DIGITAL PROMISE STAFF THEN WORK WITH THE RECIPIENTS ON AN ONGOING BASIS, THROUGHOUT THE GRANT PERIOD, THROUGH REGULAR CALLS AND WRITTEN UPDATES, TO ENSURE THAT THE GRANT FUNDS ARE USED IN COMPLIANCE WITH THE MOU. ADDITIONALLY, DPG ACTIVELY MONITORS THE USE OF GRANT FUNDS IN ACCORDANCE WITH THE UNIFORM GUIDANCE. FOR GRANTEEES THAT ARE FUNDED BY FEDERAL MONIES, DPG INQUIRES ABOUT SINGLE AUDIT REPORTS AND



**Part IV** Supplemental Information

FINDINGS DIRECTLY WITH THE GRANTEE AS WELL AS SEARCHING THE FEDERAL AUDIT CLEARINGHOUSE. ADDITIONALLY, DPG REQUIRES PERIODIC BUDGET REPORTS TO MONITOR SPENDING WITH ORIGINAL AWARD AMOUNTS AND BUDGET CATEGORIES FOR ALL GRANTEES. VARIANCES AND UNALLOWABLE COSTS ARE FOLLOWED UP ON BY DPG FINANCE STAFF.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALHAMBRA ELEMENTARY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: IRVING INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ANGELES UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN

**Part IV** Supplemental Information

U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI-DADE COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: NEWARK PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN ANTONIO ISD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TEACHERS AND STUDENTS IN U.S. MIDDLE SCHOOLS WITH ALWAYS-AVAILABLE ACCESS TO TECHNOLOGY AND EMPOWERS THEM TO BE CONTENT CREATORS, ADEPT PROBLEM-SOLVERS, AND RESPONSIBLE CONSUMERS OF DIGITAL MEDIA AND LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER/MAKER ED INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONNECT THE GROWING NETWORK OF MAKER EDUCATORS AND ORGANIZATIONS AND TO DELIVER TO THEM OUTCOME-ORIENTED RESOURCES GROUNDED IN RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: WGBH EDUCATIONAL FOUNDATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EXPERTISE ON DEVELOPING  
PROTOTYPES TO SUPPORT THE NEXT GENERATION PRESCHOOL SCIENCE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: VANCOUVER PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: IOWA CITY COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: BROWARD EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: COMPTON UNIFIED SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: TALLADEGA COUNTY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: URBAN LEAGUE OF LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE PAYMENT TO PARTICIPATE IN  
COMPUTATIONAL THINKING FOR THE NGSS CHALLENGE COLLABORATIVE

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

DIGITAL PROMISE GLOBAL

Employer identification number

46-5460594

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. BARBARA MEANS EXEC DIR - RESEARCH CENTER	(i)	175,356.	0.	0.	6,738.	14,237.	196,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. JEREMY ROSCHELLE EXEC DIR - RESEARCH CENTER	(i)	199,264.	0.	0.	6,738.	14,135.	220,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VICTOR VUCHIC CHIEF INNOVATION OFFICER	(i)	215,250.	0.	0.	6,458.	17,280.	238,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN WRIGHTSON DIRECTOR OF PRODUCT	(i)	144,200.	0.	0.	4,326.	9,641.	158,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. ANDREW KRUMM DIR OF LEARNING ANALYTICS	(i)	135,837.	0.	0.	4,153.	11,957.	151,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARISA BOLD RESEARCH FELLOW	(i)	203,430.	0.	0.	3,818.	9,771.	217,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **DIGITAL PROMISE GLOBAL** Employer identification number: **46-5460594**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>COMPUTER TABL</b> )	<b>X</b>	<b>101</b>	<b>44,798.</b>	<b>FMV OF DEVICES</b>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

DIGITAL PROMISE GLOBAL

Employer identification number

46-5460594

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPARTMENT OF EDUCATION RESEARCH GRANTS THAT WERE AWARDED IN PREVIOUS  
YEARS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POWERFUL LEARNING: POWERFUL LEARNING IS A SET OF PRINCIPLES GUIDING  
EDUCATORS TO DESIGN LEARNING EXPERIENCES THAT ENGAGE THE HEARTS AND  
MINDS OF LEARNERS. 2019 ACTIVITIES INCLUDE ON-GOING PROJECTS SUCH AS  
ENGINEER FOR THE WEEK, 360 STORY LAB, CHALLENGE BASED LEARNING AND  
MAKER PROMISE. DIGITAL PROMISE GLOBAL ALSO LAUNCHED REINVENT THE  
CLASSROOM INITIATIVE, A COLLABORATION WITH HP, MICROSOFT, AND INTEL  
WHICH INCLUDES THREE PROGRAMS THAT CELEBRATE POWERFUL TEACHING AND  
LEARNING WITH TECHNOLOGY: HP TEACHING FELLOWS, HP SPOTLIGHTS SCHOOLS  
AND LEARNING STUDIOS.

EXPENSES \$ 1,652,119. INCL GRANTS OF \$ 271,195. REVENUE \$ 1,190,727.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAW CHANGES INCLUDED:

(1) UPDATING THE TERM LIMIT PROVISION, ALLOWING FOR TERM LIMITS TO START IN  
JUNE 30, 2022

(2) MAKING THE PRESIDENT AN EX-OFFICIO DIRECTOR

(3) ADDING A PROVISION STATING THAT DIRECTORS SHALL NOT RECEIVE ANY  
COMPENSATION FROM THE CORPORATION FOR SERVICES RENDERED TO THE CORPORATION  
AS DIRECTORS

Name of the organization DIGITAL PROMISE GLOBAL	Employer identification number 46-5460594
--	--

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

EXPLANATION: THE FULL BOARD WILL REVIEW THE FORM 990 AND VOTE TO APPROVE OR MODIFY.

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

ANNUALLY ALL STAFF AND BOARD MEMBERS ARE SENT A LIST OF ALL CONTRIBUTORS AND VENDORS OF \$5,000 OR MORE AND THE CONFLICT OF INTEREST POLICY. STAFF AND BOARD MEMBERS ARE ASKED TO REVIEW THE POLICY AND THE LIST OF CONTRIBUTORS AND VENDORS. THEY ARE THEN ASKED TO EMAIL THE CHIEF OPERATING OFFICER INDICATING THAT THEY HAVE READ AND REVIEWED THE POLICY AND INDICATE WHETHER OR NOT THEY HAVE ANY CONFLICTS THAT NEED TO BE DISCLOSED. ADDITIONALLY, THROUGHOUT THE YEAR AS NEW CONTRACTS ARE SIGNED, STAFF INVOLVED IN THE VENDOR SELECTION PROCESS ARE ASKED WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. SIGNIFICANT CONTRACTS THAT REQUIRE BOARD APPROVAL ALSO FOLLOW THE SAME PROCESS.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE CEO'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: DOCUMENTS ARE AVAILABLE ON OUR WEBSITE, GUIDESTAR AND THE WEBSITE OF THE CALIFORNIA SECRETARY OF STATE/ATTORNEY GENERAL WEBSITE. GOVERNING DOCUMENTS ARE ALSO AVAILABLE BY E-MAIL REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADMINISTRATIVE SERVICES:

PROGRAM SERVICE EXPENSES	29,192.
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MANAGEMENT AND GENERAL EXPENSES	1,704.
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Name of the organization DIGITAL PROMISE GLOBAL	Employer identification number 46-5460594
--	--

FUNDRAISING EXPENSES 22.

TOTAL EXPENSES 30,918.

COMMUNICATIONS SERVICES:

PROGRAM SERVICE EXPENSES 29,411.

MANAGEMENT AND GENERAL EXPENSES 1,717.

FUNDRAISING EXPENSES 22.

TOTAL EXPENSES 31,150.

MICRO-CREDENTIAL SERVICES:

PROGRAM SERVICE EXPENSES 4,375.

MANAGEMENT AND GENERAL EXPENSES 255.

FUNDRAISING EXPENSES 3.

TOTAL EXPENSES 4,633.

PROGRAM SERVICES:

PROGRAM SERVICE EXPENSES 261,673.

MANAGEMENT AND GENERAL EXPENSES 15,273.

FUNDRAISING EXPENSES 193.

TOTAL EXPENSES 277,139.

RESEARCH SERVICE:

PROGRAM SERVICE EXPENSES 455,462.

MANAGEMENT AND GENERAL EXPENSES 26,584.

FUNDRAISING EXPENSES 337.

TOTAL EXPENSES 482,383.

STRATEGY SERVICES:

Name of the organization	DIGITAL PROMISE GLOBAL	Employer identification number	46-5460594
PROGRAM SERVICE EXPENSES		27,382.	
MANAGEMENT AND GENERAL EXPENSES		1,598.	
FUNDRAISING EXPENSES		20.	
TOTAL EXPENSES		29,000.	
TECHNICAL SERVICES:			
PROGRAM SERVICE EXPENSES		49,521.	
MANAGEMENT AND GENERAL EXPENSES		2,890.	
FUNDRAISING EXPENSES		37.	
TOTAL EXPENSES		52,448.	
RECRUITING COSTS:			
PROGRAM SERVICE EXPENSES		1,752.	
MANAGEMENT AND GENERAL EXPENSES		10,511.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		12,263.	
PRODUCTION/DISSEMINATION:			
PROGRAM SERVICE EXPENSES		97,346.	
MANAGEMENT AND GENERAL EXPENSES		2,951.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		100,297.	
PD - TRAINING:			
PROGRAM SERVICE EXPENSES		71,158.	
MANAGEMENT AND GENERAL EXPENSES		7,713.	
FUNDRAISING EXPENSES		97.	
TOTAL EXPENSES		78,968.	

Name of the organization DIGITAL PROMISE GLOBAL	Employer identification number 46-5460594
--	--

ADVISORY STIPENDS:

PROGRAM SERVICE EXPENSES	93,234.
MANAGEMENT AND GENERAL EXPENSES	5,442.
FUNDRAISING EXPENSES	69.
TOTAL EXPENSES	98,745.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,197,944.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INHERENT CONTRIBUTION - WITHOUT DONOR RESTRICTIONS	4,401,979.
INHERENT CONTRIBUTION - WITH DONOR RESTRICTIONS	4,042,004.
TOTAL TO FORM 990, PART XI, LINE 9	8,443,983.

FORM 990, PART XI, LINE 9

EXPLANATION: \$8,443,983 REPRESENTS NET ASSETS OF \$5,867,345 TRANSFERRED TO DIGITAL PROMISE GLOBAL IN 2019 AND \$2,576,638 TO BE TRANSFERRED TO DIGITAL PROMISE GLOBAL FROM DIGITAL PROMISE IN 2020 AS THE RESULT OF A MERGER.

FORM 990, PART XII, LINE 2C

EXPLANATION: NO CHANGE WAS MADE DURING FISCAL YEAR 2019.