# Form **990**

Department of the Treasury Internal Revenue Service

# 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. and ending JUN 30, 2022

OMB No. 1545-0047 Open to Public Inspection

B	Check if	C Name of organization		D Employer identific	cation number					
	∏Addres	DONORSCHOOSE.ORG								
F	_]chang∈ □Name			13-4129457						
F	_]chang∈ ∏Initial	3	) a a ma /a ita							
F	return □Final	Number and street (or P.O. box if mail is not delivered to street address)  134 WEST 37TH STREET - 11 FL.	Room/suite	E Telephone numbe (212) 23						
	/return termin				189,362,493.					
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code  NEW YORK, NY 10018		G Gross receipts \$						
	⊒return ∏Applic			H(a) Is this a group re						
	⊒tiòn pendir	SAME AS C ABOVE		for subordinates	····· — —					
_	F-11 -11		f 527	H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or e: ► HTTP: //WWW.DONORSCHOOSE.ORG	327	H(c) Group exemptio	list. See instructions					
		organization: X Corporation Trust Association Other ►	I Voor	_ ` '	State of legal domicile: NY					
	art I	Summary	L Teal	or formation, 2000 N	Julia de legal domicile. 14 1					
		Briefly describe the organization's mission or most significant activities: DONOR	SCHOO	SE.ORG IS A	SIMPLE WAY					
Governance	l'.	TO PROVIDE STUDENTS WITH THE RESOURCES TH	EY NE	ED TO LEARN	•					
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as						
Š	I			3	14					
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			14					
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			194					
Activities		Total number of volunteers (estimate if necessary)			246					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year	Current Year					
ě		Contributions and grants (Part VIII, line 1h)	1	57,631,539.	186,858,690.					
en		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		418,587.	458,338.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7	0.	<u> </u>					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		58,050,126.	187,317,028.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)								
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,672,936.	16,804,864.					
ē		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.					
Εχ		Total fundraising expenses (Part IX, column (D), line 25) 7,873,72		25 927 407	150 010 166					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,041,407.	158,818,166. 175,623,030.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								
_ S	19	Revenue less expenses. Subtract line 18 from line 12		18,549,783.						
Net Assets or Fund Balances		Tabel accords (Dark V. Bara 40)		ginning of Current Year 23,689,070.	End of Year 131, 250, 039.					
sse Bala	20	Total assets (Part X, line 16)			2,368,474.					
let A	21	Total liabilities (Part X, line 26)		3,816,355. 19,872,715.	128,881,565.					
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	<u>+</u>	19,012,113.	120,001,303.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of m	v knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			y Kilowicayo alla bollol, it is					
uuo	, 001100	t, and complete. Declaration of preparer (ether than ember) is based on an information of which	cii proparci	nas any knowledge.						
Sia	n	Signature of officer		Date						
Sign Here GEOFFREY HILL, CHIEF FINANCIAL OFFICER										
1101	·	Type or print name and title	-							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	i l	FREDERICK MARTENS		if self-employ	P00298107					
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP	ı		13-1655065					
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400								
	NEW YORK, NY 10176 Phone no. 212-697-2299									
May	/ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	Statement of Program Se			$\neg$
		sponse or note to any line in this Part III		_
1		AGES THE PUBLIC IN PU	BLIC SCHOOLS BY GIVING PEOPLE	
		E AND PERSONAL WAY TO		
			DREN IN EVERY COMMUNITY HAVE	
	THE TOOLS AND EXPERI	ENCES NEEDED FOR AN E	XCELLENT EDUCATION.	
2	Did the organization undertake any sign	ificant program services during the year wh		
	prior Form 990 or 990-EZ?		Yes X N	lo
	If "Yes," describe these new services or			
3	Did the organization cease conducting.	or make significant changes in how it condu	ucts, any program services?	lo
	If "Yes," describe these changes on Sch		, , , , ,	
4	,		largest program services, as measured by expenses.	
•			grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service	•	rants and anocations to others, the total expenses, and	
10		816,248. including grants of \$	) (0	
4a	(Code: ) (Expenses \$ 165, CLASSROOM PROJECT FU	T.FT.T.MFNT•	) (Revenue \$)	_ )
			PROVIDED \$187 MILLION TO FUND	
	343,100 CLASSROOM PR	OJECTS, SUPPORTING 17:	1,490 TEACHERS.	
				_
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	_ )
	_			
	-			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	_ )
	-			
4d	Other program services (Describe on Sc	hedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	
4e	Total program service expenses	165,816,248.	, ,	
<u> </u>	, 5		Form <b>990</b> (20	01)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	Х	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		1
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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#### Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<u> </u>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 194							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		_X_				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
4-7	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
46	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O	0.0-51:	\ 0\:=!!	- lala
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	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiidi	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	GEOFFREY HILL - 212-239-3615			
	134 WEST 37TH STREET, 11TH FLOOR, NEW YORK, NY 10018			

Form **990** (2021)

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

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck		than		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			directo	Highest compensated highest compensated employee	stee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) THERESIA GOUW	5.00									
CHAIRMAN	1 0 00	Х		Х	igspace			0.	0.	0.
(2) YVETTE NICOLE BROWN	2.00	١								0
VICE CHAIRMAN	0.00	Х		Х	╙			0.	0.	0.
(3) W. KAMAU BELL	2.00	١								•
BOARD MEMBER	0.00	Х			╙			0.	0.	0.
(4) PETER BLOOM	2.00	١								•
BOARD MEMBER	0.00	Х			╙			0.	0.	0.
(5) AMANDA CALZADA	2.00	١								•
BOARD MEMBER	F 00	Х			ऻ			0.	0.	0.
(6) MITCH COHEN	5.00	١,,								0
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(7) STEPHEN COLBERT	2.00	١								•
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(8) KRISTIE JONES	2.00	١,,								0
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(9) RICHARD LOVETT	2.00	١,,								0
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(10) MARIA MOATS	2.00	١,,								•
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(11) DONNA RATCHFORD	2.00	١,,								•
BOARD MEMBER	2 00	Х			ऻ			0.	0.	0.
(12) DESIREE ROGERS	2.00	١,,							0	0
BOARD MEMBER	2 00	Х			▙			0.	0.	0.
(13) TRABIAN SHORTERS	2.00	١,,								_
BOARD MEMBER	2 00	Х			▙			0.	0.	0.
(14) JEFF WEINER	2.00	Į.,							0	0
BOARD MEMBER	40.00	Х			▙			0.	0.	0.
(15) CHARLES BEST	40.00	-		3,7				240 000		16 701
CEO (TO JUN 2022)	10 00	<u> </u>		Х	<u> </u>		$\vdash$	340,826.	0.	46,794.
(16) ALIX GUERRIER	40.00	-						100 000		^
CEO (AS OF APR 2022)	10.00	_		Х	$\vdash$	_		100,000.	0.	0.
(17) OLIVER HURST-HILLER	40.00	-		- V				200 201	0.	26 207
CHIEF TECHNOLOGY OFFICER	1	<u> </u>		Х	Щ			290,291.	<u> </u>	36,397.

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one			) than	one	Reportable	Reportable	)	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	1 '	compensation			nount	
	week (list any	$\vdash$	_		I	) / ti do	100)	from	from related			other	
	hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	truste	Institutional trustee		/ee	mpen		1099-NEC)	10001120)	'	_	d relat	
	below	idual	ution	  -	oldm	est co oyee	e	,				anizati	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Бm						
(18) KATIE BISBEE	40.00												
CHIEF MARKETING OFFICER				Х				289,958.		0.	2	9,3	79.
(19) GEOFFREY HILL	40.00			l				0.75 750		•	_		0.1
CHIEF FINANCIAL OFFICER	40.00			Х				275,752.		0.	5	2,0	01.
(20) JULIA PRIETO	40.00	-		x				275 000		0.	_	2 0	E 2
CHIEF OPERATING OFFICER	40.00		-	^		-		275,000.		0.	)	2,9	55.
(21) DANIEL BETZ	40.00	-				x		189,409.		0.	1	2 5	03
VP, PRODUCT & DESIGN (22) NANCY MOND	40.00	-				^		109,409.		0.	4	2,5	93.
SENIOR DIRECTOR OF ENGINEERING	40.00	1				x		187,344.		0.	3	0,2	76.
(23) JINAN O'CONNOR	40.00					╁		107,0111			<u> </u>	<del>• , _</del>	, , ,
VP, ADVOACY & PUBLIC PARTNERSHIPS		1				x		185,500.		0.	2	7,9	37.
(24) MICHAEL WALKER	40.00												
SENIOR DIRECTOR, ENGINEERING						Х		178,937.		0.	4	7,7	95.
(25) ABIGAIL FEUER	40.00									_	١.		
EXECUTIVE VP, MARKETING & GROWTH						X		178,584.		0.	4	6,1	38.
		-											
1h Subtotal				<u> </u>				2,491,601.		0.	41	2,2	63.
1b Subtotal c Total from continuation sheets to Part V	II Section A							0.		0.			0.
d Total (add lines 1b and 1c)								2,491,601.		0.	41	2,2	
Total number of individuals (including but r									0.000 of reportab				-
compensation from the organization						-,		*	,				37
<u> </u>												Yes	No
3 Did the organization list any former officer			•		•		•		•				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the s	•							•	the organization			37	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	•				•			ted organization or indiv	idual for services	6	_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheaui	e J ī	or s	ucn	pers	son .					5		X
Complete this table for your five highest co	mnensated in	dene	ende	ent c	onti	racto	ors f	that received more than	\$100,000 of con	nnens	ation t	from	
the organization. Report compensation for										пропо	ation	10111	
(A)	,							(B)			(0	<del></del>	
Name and business	address	N	INC	E				Description of s	ervices	С	ompe	nsatio	n
							_						
2 Total number of independent contractors ( \$100,000 of compensation from the organ		not li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
												000 /	

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Pa	πv	/ 111	Check if Schedule O contains a res	enonea	or note to any line	e in this Dart VIII			
			Officer if Schedule O Contains a res	sporise	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	( <b>D</b> ) Revenue excluded
nts nts	1	а	Federated campaigns 1a	а					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 18	b					
ts, ( Am		С	Fundraising events1	С					
ia ia		d	Related organizations1	d					
ns,			Government grants (contributions)	е	41,353,885.				
e Si		f	All other contributions, gifts, grants, and						
<sub>Ĕ</sub> ₽			similar amounts not included above		145,504,805.				
on P D		_		g  \$	3,543,354.	100000000			
<u>O e</u>		h	Total. Add lines 1a-1f			186858690.			
•	١ ,			•	Business Code				
Program Service Revenue	2	a							
Ser		b							
E S		c d							
gg.		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividende						
			other similar amounts)		▶ [	514,450.			514,450
	4		Income from investment of tax-exempt	bond p	roceeds <b>&gt;</b>				
	5		Royalties						
			(i) R	eal	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) [6c]						
	_				(ii) Other				
	<b>'</b> '	а		9,353.	(ii) Other				
		h	assets other than inventory  Less: cost or other basis	,,,,,,,,					
e		D		5,465.					
Revenue		С		6,112.					
Вè		d	Net gain or (loss)			-56,112.			-56,112.
ЭĒ	8		Gross income from fundraising events (not			·			
₹			including \$ of	f					
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising e		<b>&gt;</b>				
	9	а	Gross income from gaming activities. S						
			Part IV, line 19		<b></b>				
			Less: direct expenses						
	40		Net income or (loss) from gaming activi	ities					
	ו ו	а	Gross sales of inventory, less returns and allowances	10a					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inver						
		Ť			Business Code				
ons e	11	а							
ane		b							
Miscellaneous Revenue		С							
Mis		d	All other revenue						
_		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			187317028.	0.	0.	458,338.

#### 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 respons				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,155,512.	924,787.	454,578.	776,147
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	11,019,181.	6,357,478.	467,173.	4,194,530
8	Pension plan accruals and contributions (include	,,,,,,,,,,	004 050	40 000	166 555
	section 401(k) and 403(b) employer contributions)	417,473.	231,352.	19,362.	166,759
9	Other employee benefits	2,180,619.	1,211,158.	131,578.	837,883
10	Payroll taxes	1,032,079.	570,898.	70,191.	390,990
11	Fees for services (nonemployees):				
а	•	44 215		44 215	
b	Legal	44,315.		44,315.	
С	•	75,000.		75,000.	
	Lobbying				
e	,	110,727.		110,727.	
f	Investment management fees	110,727•		110,727•	
g	,	986,793.	501,875.	73,090.	411,828
40	column (A), amount, list line 11g expenses on Sch 0.)	146,675.	301,073.	73,030.	146,675
12 13	Advertising and promotion	446,246.	277,542.	29,361.	139,343
13 14	Office expenses Information technology	1,430,603.	1,011,803.	116,687.	302,113
15	Royalties	2,100,0001			302,123
16	Occupancy	1,088,351.	681,867.	61,074.	345,410
17	Travel	214,241.	120,996.	14,861.	78,384
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,109,116.	2,020,768.	13,274.	75,074
23	Insurance	77,881.		77,881.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CLASSROOM MATERIALS	150,058,252.			
b	CREDIT CARD FEES	1,665,469.	1,665,469.		
С	FULFILLMENT	139,975.	139,975.	100 111	
d	BAD DEBT EXPENSE	126,011.	10.000	126,011.	
е		98,511.	42,028.	47,894.	8,589
25	Total functional expenses. Add lines 1 through 24e	175,623,030.	165,816,248.	1,933,057.	7,873,725
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)				Form <b>990</b> (2021

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			10,328,101.	1	26,366,277.
	2	Savings and temporary cash investments			71,706,614.	2	63,776,559.
	3	Pledges and grants receivable, net			23,408,165.	3	14,256,889.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described			6		
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1 017 607	8	1 202 420
4	9				1,017,627.	9	1,303,438.
	10a	Land, buildings, and equipment: cost or other		0 074 100			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	9,2/4,108.	4 071 4E4		4 026 276
	b	Less: accumulated depreciation	4,071,454. 4,944,807.	10c	4,036,376. 8,335,240.		
	11	Investments - publicly traded securities		7,841,052.		12,804,010.	
	12	Investments - other securities. See Part IV, line 1	7,041,032.	12	12,004,010.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	371,250.	14 15	371,250.		
	15	Other assets. See Part IV, line 11			123,689,070.	16	131,250,039.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	3,816,355.	17	2,368,474.		
	18		3,010,333.	18	2,300,171		
	19	Grants payable  Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Ø	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page 1)	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,816,355.	26	2,368,474.
Ø		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🗓			
Jce		and complete lines 27, 28, 32, and 33.			00 000 454		22 25 22
alar	27	Net assets without donor restrictions			80,282,451.	27	89,265,007.
ĕ	28	Net assets with donor restrictions			39,590,264.	28	39,616,558.
Ë		Organizations that do not follow FASB ASC 9					
P. F		and complete lines 29 through 33.					
jts (	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			119,872,715.	31	120 001 565
ž	32	Total net assets or fund balances	123,689,070.	32	128,881,565.		
	33	Total liabilities and net assets/fund balances			143,003,070.	33	131,250,039.

Pa	Tt 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	187			
2	Total expenses (must equal Part IX, column (A), line 25)	2	175			
3	Revenue less expenses. Subtract line 2 from line 1	3		,69		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119			
5	Net unrealized gains (losses) on investments	5	<u>-2</u>	<u>,68</u>	<u>5,1</u>	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	128	,88	1,5	65.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∋ O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	it			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DONORSCHOOSE.ORG 13-4129457 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

N Dublic Su	innort		
fails to qualify	under the tests listed below, please complete Part III.)		
(Complete on	ly if you checked the box on line 5, 7, or 8 of Part I or if	the organization failed to qualify unde	r Part III. If the organization
• •		. , , , , , ,	

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	149840171	148408048	147777790	157631539	186858690	790516238
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	149840171	148408048	147777790	157631539	186858690	790516238
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						29718726.
6	Public support. Subtract line 5 from line 4.						760797512
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	149840171	148408048	147777790	157631539	186858690	790516238
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	341,558.	811,023.	1055892.	288,086.	514,450.	3011009.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						793527247
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), d	livided by line 11,	column (f))		14	95.88 %
	Public support percentage from 2020					15	93.43 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
	33 1/3% support test - 2020. If the						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - <b>2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	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						
b	10% -facts-and-circumstances tes	t - <b>2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶∟

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	2h		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	<u>.</u>		
	9b		
	9с		
	10a		
	.54		
	10b		
dule	A (Forr	n 990)	2021

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	<b>5</b>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 dit VI	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.)

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DONORSCHOOSE.ORG

**Employer identification number** 13-4129457

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 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	d in donor advised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	nt funds can be used o	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring		
_	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ition or education)	Preservation of a histo	orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribut	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	rminated by the orgar	nization during the tax		
	year ▶					
4	Number of states where property subject to conservation ear					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	enforcing conservati	on easements during the year		
-	Associated and a second and a s	lling of violations and onto				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enfo	ording conservation ea	isements during the year		
	▶ \$ Does each conservation easement reported on line 2(d) above	va actiofy the requirements	of coation 170/b)/4)/F	2)(3)		
8						
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati					
3	balance sheet, and include, if applicable, the text of the footr		•			
	organization's accounting for conservation easements.	lote to the organization's i	manolal statements ti	at describes the		
Par	t III Organizations Maintaining Collections o	f Art. Historical Trea	sures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	•	,			
	If the organization elected, as permitted under FASB ASC 95	8. not to report in its rever	nue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its final			·		
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of		
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	,				
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A		- ·			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021		

Pai	ort III Organizations Maintaining	Collections of Art, His	torical Treasures, o	or Other S	Similar Ass	sets(continued)
3	Using the organization's acquisition, acces	sion, and other records, chec	k any of the following tha	at make sign	ificant use of	its
	collection items (check all that apply):					
а	Public exhibition	d $\square$	Loan or exchange progra	am		
b	Scholarly research		Other			
С	Preservation for future generations					
4	Provide a description of the organization's	collections and explain how th	ney further the organizati	on's exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit					
	to be sold to raise funds rather than to be r	maintained as part of the orga	nization's collection?		[	Yes No
Pai	rt IV Escrow and Custodial Arra	ngements. Complete if the	e organization answered	"Yes" on Fo	rm 990, Part I	V, line 9, or
	reported an amount on Form 990, P	art X, line 21.				
1a	Is the organization an agent, trustee, custo	dian or other intermediary for	contributions or other as	sets not inc	luded	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the following	table:			
						Amount
С	Beginning balance				1c	_
d	Additions during the year				1d	_
е	Distributions during the year				1e	_
f	•				1f	
<b>2</b> a	Did the organization include an amount on	Form 990, Part X, line 21, for	escrow or custodial acco	ount liability?	·L	Yes         No
	If "Yes," explain the arrangement in Part XI					<u></u>
Pai	rt V Endowment Funds. Complete				<del>-</del>	11.5
			Prior year (c) Two yea	rs dack (d)	Inree years bac	ck (e) Four years back
1a	0 0 ,					
b		I I				
С	0,0,					
d	1					
е	Other expenditures for facilities					
	and programs					
f						
g			<u> </u>			
2	Provide the estimated percentage of the cu		g, column (a)) held as:			
а	3 1					
b		%				
С		_%				
_	The percentages on lines 2a, 2b, and 2c sh	'				
За	Are there endowment funds not in the poss	session of the organization tha	at are neid and administe	ered for the d	organization	Yes No
	by:					
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					
	If "Yes" on line 3a(ii), are the related organiz					3b
4 Dai	Describe in Part XIII the intended uses of the land, Buildings, and Equip		tunas.			
ı aı	Complete if the organization answer		/ line 112 See Form 990	) Part Y line	10	
				(c) Accu		(d) Dook volue
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	depred		(d) Book value
	Land	, ,	54515 (011101)	асріес	, action	
	Land					
b	Buildings Leasehold improvements		2,994,860.	1 92	2,640.	1,072,220.
d			181,715.		1,715.	0.
			6,097,533.		3,377.	2,964,156.
	Other			3,13	<b>•</b> , • , • , •	4,036,376.

Schedule D (Form 990) 2021

Down a gwood		4	2 4100455
Schedule D (Form 990) 2021 DONORSCHOOS Part VII Investments - Other Securities.	E.ORG	1	3-4129457 Page 3
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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT FUND - GLOBAL			
(B) EQUITIES	3,121,539.	END-OF-YEAR MARKE	T VALUE
(C) INVESTMENT FUND - FIXED			
(D) INCOME	1,518,631.	END-OF-YEAR MARKE	T VALUE
(E) INVESTMENT FUND -			
(F) SUSTAINABLE INVESTING	227,873.	END-OF-YEAR MARKE	T VALUE
(G) ALTERNATIVE INVESTMENT -			
(H) ABSOLUTE RETURN	5,198,661.	END-OF-YEAR MARKE	T VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,804,010.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 P+ IV II 1	44 d O Farma 000 Bart V Brand F	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X   Other Liabilities.	<del>с</del> тэ.)		<b>&gt;</b>
I UITA   OHIOI EIUDIIILIGO.			

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

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

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..

Schedule D (Form 990) 2021

132053 10-28-21

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	tatements W	ith Revenue per F	etur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	214,690,268.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-2,685,148.		
b	Donat	ted services and use of facilities	2b	30,169,115.		
С	Reco	veries of prior year grants	2c			
d		(Describe in Part XIII.)				
е	Add li	nes 2a through 2d			2e	27,483,967.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	187,206,301.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	110,727.		
b	Other	(Describe in Part XIII.)	4b			440 505
С		nes <b>4a</b> and <b>4b</b>			4c	110,727.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1				187,317,028.
Pa	rt XII	Reconciliation of Expenses per Audited Financial S		With Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV,				DOF CO1 410
1		expenses and losses per audited financial statements			1	205,681,418.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1	1 20 160 115		
а		ted services and use of facilities		30,169,115.	-	
b		year adjustments	_		-	
С.		losses			-	
d		(Describe in Part XIII.)			١.	30,169,115.
		nes 2a through 2d			2e 3	175,512,303.
3		act line 2e from line 1			3	173,312,303.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1.45	110,727.		
a		tment expenses not included on Form 990, Part VIII, line 7b		110,727.	-	
b		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>	•		4c	110,727.
5		nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line				175,623,030.
		Supplemental Information.	10.)			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines	s 1b and 2b; Part V, line	4: Par	t X. line 2: Part XI.
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			.,	, <u>-</u> , . <u>-</u> ,
			,			

Part VII Investments - Other Securities. 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
INVESTMENT FUND - MIDDLE MARKET LENDING	481,032.	FMV
CASH HELD FOR INVESTMENT INVESTMENT FUND - GROWTH STAGE PRIVATE	106,454.	FMV
EQUITY INVESTMENT FUND - PRIVATE EQUITY	1,271,504.	FMV
PARTNERSHIPS	878,316.	FMV

#### 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 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

**Employer identification number** 

DOI	NORSCHOOSE.OR	.G				13-41294	57
Pa			ctivities Out	tside the United States. Comple	te if the organ		
	Form 990, Part I\	/, line 14b.		· ·			
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	. —
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and of	ther assistance out	tside the
	United States.						
3				an be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	TRAL AMERICA AND			INVESTMENTS - FORM 990,			9 076 640
THE	CARIBBEAN -	0	0	PART X, LINE 12			8,076,640.
							†
	Subtotal	0	0				8,076,640.
b	Total from continuation	_	_				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a	_	0				8,076,640.
	and 3b)	0	ı U				0,0/0,040.

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

Schedule F (Form 990) 2021

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>(b)</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)
			I recognized as charities by the					1
exempt 501(c)(3) orga  3 Enter total number of			or counsel has provided a sec			<b>.</b>		

Schedule F (Form 990) 2021

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

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

Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2021

6

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

DONORSCHOOSE.ORG

Employer identification number 13-4129457

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

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

Schedule J (Form 990) 2021

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

DONORSCHOOSE.ORG

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHARLES BEST	(i)	340,826.	0.	0.	9,917.	36,877.	387,620.	0.
CEO (TO JUN 2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) OLIVER HURST-HILLER	(i)	290,291.	0.	0.	13,882.	22,515.	326,688.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATIE BISBEE	(i)	289,958.	0.	0.	6,531.	22,848.	319,337.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GEOFFREY HILL	(i)	275,752.	0.	0.	13,675.	38,326.	327,753.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIA PRIETO	(i)	275,000.	0.	0.	13,875.	39,078.	327,953.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL BETZ	(i)	189,409.	0.	0.	9,472.	33,121.	232,002.	0.
VP, PRODUCT & DESIGN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY MOND	(i)	187,344.	0.	0.	8,759.	21,517.	217,620.	0.
SENIOR DIRECTOR OF ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JINAN O'CONNOR	(i)	185,500.	0.	0.	9,270.	18,667.	213,437.	0.
VP, ADVOACY & PUBLIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL WALKER	(i)	178,937.	0.	0.	7,067.	40,728.	226,732.	0.
SENIOR DIRECTOR, ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ABIGAIL FEUER	(i)	178,584.	0.	0.	9,144.	36,994.	224,722.	0.
EXECUTIVE VP, MARKETING & GROWTH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
FROM TIME TO TIME, DONORCHOOSE.ORG WILL PAY FOR FIRST-CLASS AIRFARE FOR THE
CEO WHEN TRAVELING LONG DISTANCES AND AT INCONVENIENT TIMES ON ORG
BUSINESS.

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

DONORSCHOOSE.ORG

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

Open to Public Inspection

Name of the organization

Employer identification number 13-4129457

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		-	:s
		• •	items contributed	Form 990, Part VIII, line 1g				
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	X	26	3,408,789.	QUOTED MARK	ET	VAL	UE
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 ► ( MATERIALS )	X	3	134,555.	FAIR MARKET	' VA	LUE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	·				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		_	· ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II	` '		. ,	,			

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

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

Inspection

Name of the organization

DONORSCHOOSE.ORG

**Employer identification number** 13-4129457

FORM 990, PART I, LINE 5

DONORSCHOOSE.ORG EMPLOYED 194 PERSONS DURING CALENDAR YEAR 2021 MANY OF THESE INDIVIDUALS WERE EITHER SEASONAL OR TEMPORARY WORKERS. AΤ JUNE 30, 2022, THE FULL TIME STAFF WAS 150.

FORM 990, PART I, LINE 6

IN ADDITION TO THE VOLUNTEER WORK DONE BY OUR BOARD OF DIRECTORS, MAJOR AREAS WHERE DONORSCHOOSE.ORG BENEFITS FROM VOLUNTEER HOURS IS IN "TEACHERS AS SCREENERS" AND OUR "DONOR APPRECIATION" INITIATIVES. IN THE TEACHERS AS SCREENERS INITIATIVE, TEACHER VOLUNTEERS REVIEW CLASSROOM PROJECT PROPOSAL DESCRIPTIONS, TO ENSURE THEY CONTAIN THE ELEMENTS NECESSARY TO PROVIDE A CLEAR AND COMPELLING DESCRIPTION OF THE PROJECT OBJECTIVES AND EXPECTED OUTCOMES. IN THE DONOR APPRECIATION INITIATIVE, VOLUNTEERS HELP WITH THE PROCESS OF TAKING STUDENT THANK-YOU LETTERS THAT WE RECEIVE FROM THE CLASSROOM TEACHER AND PREPARING THEM FOR SUBSEQUENT MAILING TO THE PROJECT DONORS.

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

THE FORM 990 IS PREPARED BY OUR PUBLIC ACCOUNTING FIRM. AFTER PREPARATION, IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER. FOLLOWING THEIR REVIEW, IT IS REVIEWED AT A MEETING OF THE FINANCE AND AUDIT COMMITTEE, THE CHIEF FINANCIAL OFFICER, THE CHIEF EXECUTIVE OFFICER AND THE PUBLIC ACCOUNTING FIRM. AT THIS MEETING, FINANCIAL OFFICER AND THE PUBLIC ACCOUNTING FIRM WALK THE ATTENDEES THROUGH THE DOCUMENT AND ANSWER ANY QUESTIONS THAT THEY MAY HAVE. WHEN THE FINANCE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

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

Name of the organization DONORSCHOOSE • ORG

Employer identification number 13-4129457

AND AUDIT COMMITTEE IS SATISFIED WITH THE FORM 990, THEY APPROVE IT.

FOLLOWING APPROVAL BY THE FINANCE AND AUDIT COMMITTEE, THE FORM 990 IS

DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. IF THERE ARE NO

FURTHER QUESTIONS FROM THE BOARD, THE FORM 990 IS FILED BY THE CHIEF

FINANCIAL OFFICER.

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

PERSONS COVERED UNDER THIS POLICY INCLUDE THE BOARD OF DIRECTORS AND THE KEY EMPLOYEES. THE POLICY IS DISCUSSED AT LEAST ANNUALLY AT A BOARD MEETING. EACH PERSON COVERED UNDER THIS POLICY IS AWARE OF HOW TO REPORT A POTENTIAL CONFLICT OF INTEREST. NO POTENTIAL CONFLICTS OF INTEREST HAVE BEEN REPORTED, BUT IF THEY HAD BEEN, THE POTENTIAL CONFLICT WOULD BE REVIEWED BY THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE FINANCE AND AUDIT COMMITTEE.

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

COMPENSATION AT DONORSCHOOSE IS BASED ON A FISCAL YEAR ENDING JUNE 30.

FOR FISCAL YEARS 2021 AND 2022, DONORSCHOOSE ENGAGED AN EXTERNAL

COMPENSATION CONSULTING FIRM TO BENCHMARK SALARIES AND ENSURE FAIR AND

EQUITABLE COMPENSATION ACROSS GENDER, RACE, AND OTHER DIMENSIONS OF

DIVERSITY FOR ALL EMPLOYEES, INCLUDING KEY EMPLOYEES.

FINAL COMPENSATION FOR OFFICERS (EXCLUDING THE CHIEF EXECUTIVE OFFICER) AND KEY EMPLOYEES IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER, USING DATA FROM THE EXTERNAL COMPENSATION FIRM, IN CONSULTATION WITH THE CHAIRPERSON OF THE BOARD.

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

Name of the organization **Employer identification number** DONORSCHOOSE.ORG 13-4129457 THE COMPENSATION COMMITTEE MEETS ANUALLY TO REVIEW AND APPROVE THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. DONORSCHOOSE WELCOMED A NEW CHIEF EXCUTIVE OFFICER IN APRIL 2022, WHO'S FIRST-YEAR COMPENSATION WAS SET UPON HIRING. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS, TAX RETURNS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, NON-DISCRIMINATION POLICY, COMPENSATION COMMITTEE CHARTER, AUDIT COMMITTEE CHARTER, CORPORATE GOVERNANCE COMMITTEE CHARTER, GIFT ACCEPTANCE POLICY AND CAUSE MARKETING DISCLOSURES ARE ALL AVAILABLE FOR VIEWING AND DOWNLOAD AT WWW.DONORSCHOOSE.ORG. FORM 990, PART IX, LINE 24 CLASSROOM MATERIALS INCLUDES THE COSTS OF CLASSROOM PROJECT MATERIALS, DELIVERY AND WHERE APPLICABLE, SALES TAX. CREDIT CARD FEES ARE THE FEES PAID TO THIRD PARTIES TO PROCESS CREDIT CARD DONATIONS MADE AT WWW.DONORSCHOOSE.ORG.