CHANGE OF ACCOUNTING PERIOD

Form 990

Department of the Treasury

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.

oublic.

Open to Public Inspection

OMB No. 1545-0047

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2018 and ending AUG 31, 2018 C Name of organization Check if applicable: D Employer identification number GREEN DOT PUBLIC SCHOOLS WASHINGTON Address change STATE Name change 46-4128856 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 4800 S 188TH STREET 250 323-565-1600 2,274, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SEATAC, WA 98188 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRIANNA DUSSEAULT for subordinates? Yes X No 1149 S HILL ST SUITE 600, LOS ANGELES H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WA.GREENDOT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2013 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 126 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 9 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 13,567,456 2,274,524. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. Ō. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 13,567,456. 2,274,524. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,929,931. 455. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,637,521 067,069 13,567,452. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,274,524. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,955,650. 20 Total assets (Part X, line 16) 6,039,766. 5,926,900. 6,011,016. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 28,750, 28,750. Part II | Signature Block Under penalties of perjug ained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is clare that I have her than officer) is true, correct, and com Declaration of p e arer (d on all information of which preparer has any knowledge. Sign BRIANNA DUSSEAULT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 5/14/19 Malthe 5 Miller Paid MATTHEW S. MILLER P01385220 self-employed Preparer Firm's name VAVRINEK, TRINE, DAY & CO., LLP Firm's EIN 95-2648289

Phone no. 909-466-4410

X Yes

RANCHO CUCAMONGA, CA 91730

Firm's address 10681 FOOTHILL BLVD SUITE 300

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Form 990 (2017)

46-4128856 Page **2**

| Ра | Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE (GDPS WA) WAS ORGANIZED IN |
| | 2013.DURING THE FISCAL YEAR ENDED AUGUST 31, 2018, GDPS WA OPERATED |
| | THREE CHARTER SCHOOL. |
| | GPDS WA WAS FUNDED UPON THE SIMPLE IDEA THAT EVERY CHILD IN EVERY |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$1,894,885. including grants of \$) (Revenue \$) |
| | GREEN DOT PUBLIC SCHOOLS IS COMMITTED TO CHANGING THE LANDSCAPE OF |
| | PUBLIC EDUCATION SO THAT ALL STUDENTS GRADUATE PREPARED FOR COLLEGE, |
| | LEADERSHIP AND LIFE. GREEN DOT IS FULFILLING THIS MISSION BY RUNNING |
| | HIGH-ACHIEVING PUBLIC CHARTER SCHOOLS THAT ARE FOCUSED ON GRADUATING |
| | STUDENTS AND FULLY PREPARING THEM FOR COLLEGE. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code:) (Expenses \$) (Revenue \$) |
| 40 | (Code) (expenses \$ |
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| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 1,894,885. |
| | Form 990 (2017) |

STATE

Form 990 (2017) STATE

Part IV | Checklist of Required Schedules Page 3

| га | Checkist of nequired 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? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | _ | | 37 |
| | 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 | | | 37 |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | 37 |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 37 |
| _ | 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 | | | v |
| | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | v |
| | endowments, or 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, | | х | |
| | Part VI | 11a | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 445 | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 44. | | X |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | - | |
| a | 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 | 444 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | X | -22 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 1 ie | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | Х | |
| 100 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | - 22 | |
| 124 | | 12a | Х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | 2. | |
| Ŋ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | " | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G. Part III | 19 | | X |
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| Form | 1 990 (2017) STATE 46-412 | 8856 | Р | age 4 |
|------|---|-----------|-----|---------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | . 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | ŀ | | İ |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | - | | l |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | | . 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | į | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | . 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | 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 | | | İ |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," | | | 32 |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 0.7 | | v |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 00- | | X |
| | , , , , , , , , , , , , , , , , , , , | | | $\frac{x}{x}$ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | . 28b | | |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | Х |
| 29 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | . 29 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| 0. | 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 | 0. | | |
| - | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | UZ | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | ļ | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 00 | | |
| | Part V, line 1 | 34 | х | ı |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 300 | | |
| | 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | | | 000 | 2017) |

| | 990 (2017) STATE 46-41288 | <u> 356</u> | Р | age 5 |
|-----|---|-------------|-----------|------------|
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 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 126 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | 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). | | | |
| 5a | 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 | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 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 | | 2 4200 200 |
| 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? | 7с | | 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? | 7f | | Х |
| 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? | 7h | trive est | |
| 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 | 9790175 | 10 1 V |
| 9 | Sponsoring organizations maintaining donor advised funds. | de little | 12/12/1 | |
| | 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 | 2000 | B. A. |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | - | | |
| | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | 1 | |
| | Enter the amount of reserves on hand 13c | | | v |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | - 1 | X |

Form 990 (2017)

STATE

46-4128856 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in 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 Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 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? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15h If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BLAKE HERRERA - 253-382-2400

Form **990** (2017)

SEATAC

4800 S 188TH STREET SUITE 250,

98188

46-4128856 STATE Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | or any related organization compensate (B) (C) | | | | | | (D) | (E) | (F) |
|---------------------------------------|------------------------|--|-----------------------|---------|--------------|------------------------------|--------------|-----------------|-----------------|--------------------------|
| Name and Title | Average | ge Position (do not check more than one | | | Position | | | Reportable | Reportable | Estimated |
| Tana and This | hours per | | | | s both | an | compensation | compensation | amount of | |
| | week | officer and a director/trus | | | r/trus | tee) | from | from related | other | |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | 8 | bens | | (W-2/1099-MISC) | ı | organization and related |
| | organizations below | ual tr | tional | | yold | t com | _ | | | organizations |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) WILLIAM WANG | 2.00 | - | | | Ť | 1 | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (2) MARGUERITE KONDRACKE | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (3) JEFF THIEL | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) MELANNIE CUNNINGHAM | 2.00 | | . : | | | | | | | |
| SECRETARY | | Х | | | | | | 0. | 0. | 0. |
| (5) JOSEPH HAILEY | 2.00 | | | | | | | _ | _ | |
| CHAIRMAN | | X | | | _ | | | 0. | 0. | 0. |
| (6) JEREMY TULLIS | 40.00 | | | | | | | | _ | 40.50- |
| DIRECTOR OF ACADEMICS | | Х | <u> </u> | | _ | | | 85,154. | 0. | 12,605. |
| (7) BRIANNA DUSSEAULT | 40.00 | - | | | | | | 104 074 | | |
| EXECUTIVE DIRECTOR | 40.00 | <u> </u> | | X | | _ | | 194,271. | 0. | 33,753. |
| (8) BLAKE HERRERA | 40.00 | | | | | | | 04 645 | • | 00 000 |
| DIR OF FINANCE & OPERATION | 40.00 | | | X | | ļ | | 84,645. | 0. | 20,930. |
| (9) WALTER CHEN | 40.00 | - | | | | 3,7 | | 116 221 | • | 7 007 |
| PRINCIPAL | | _ | | | | Х | | 116,331. | 0. | 7,227. |
| | | | | | | | | | | |
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732007 11-28-17

Form 990 (2017)

| | 990 (2017) STATE | | | | | | | | | 46-41 | 288 | 356 | Pa | age 8 |
|---------|--|--|---|-----------------------|---|--------------|--|----------|--|---------------------------------|--------|----------------|---------------------------|----------------|
| Pa | t VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | ees | , and | d Hi | ghe | st C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) | | ion ore than one on is both an compensation | compensation | (E) Reportable compensation from related | | Esti amo o | (F) imate ount other | of | | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC |)) | orga | m the nizati relate | e ion ed |
| | | | | | | | | | | | | | | |
| | | | _ | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | | L | L | | | <u> </u> | | 480,401. | | 0. | 74 | , 5. | |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | ▶ | 480,401. | | 0. | 74 | , 5: | 0. 15. |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | | | o re | eceived more than \$100, | 000 of reportable | | _ | | 2 |
| | compensation from the organization | | | | | | | | | | | \ \\ | ⁄es | 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 su and related organizations greater than \$150 | um of reportabl | е со | mpe | ensa | tion | and | oth | er compensation from tl | ne organization | | 4 | х | |
| 5 | Did any person listed on line 1a receive or a | accrue comper | sati | on fi | rom | any | unre | | | | ··· | | | Х |
| Sec | rendered to the organization? If "Yes." com tion B. Independent Contractors | nblete Schedule | 9 <i>J T</i> | or si | ıch t | pers | on . | | | | ··· | 5 | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | • | nsati | on fron | n | |
| | (A) Name and business | - | | | | | <u>,, ,,,</u> | | (B) Description of s | | Cc | (C) | | |
| | Name and business | address | IAC | ONE | 3 | | | | Description of s | el vices | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | _ | | |
| | Total number of independent | noludina but | n+ II | ni+- | 4 + c · | | - II- | to =! | abought was a single | are then | | | | |
| 2 —— | Total number of independent contractors (i \$100,000 of compensation from the organic | | JL IIN | intec | ı (O t | nos | | rea | above) who received mo | ore (nai) | | | | |
| | | | | | | | | | | | F | orm 9 9 | 90 (2 | 2017) |

09470514 788454 4570034

Form 990 (2017) STATE
Part VIII | Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lir | ne in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
|--|------|---|------------------|---|--|--|--|--|
| S S | 1 a | Federated campaigns | 1a | 20 1 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | | | |
| ي 5 | c | Fundraising events | ····· | | 1 | | | |
| ifts | d | Related organizations | | 9 | 1 | | | |
| <u>a</u> | ٩ | Government grants (contributi | 1 1 | 912,466. | 1 | | | |
| Sir | f | All other contributions, gifts, grant | · — | | 1 | | | |
| e ţi | • | similar amounts not included abov | | 362,058. | | | | |
| G | _ | Noncash contributions included in lines | | | 1 | | | |
| o d | , y | Total. Add lines 1a-1f | | | 2,274,524. | | | |
| 0 6 | | Total. Add lines 1a-11 | | Business Code | Fig. 5-5 carbonical professor to the following for | | | |
| 4 | 2 0 | | | Business Code | | | | |
| ice | 2 a | | | | | | | |
| er. | b | | | | | | | <u> </u> |
| m S | C | | | | | | | · |
| ar Be | d | | | | | | | |
| Program Service Revenue | e | All other program | nuo | | | | | |
| - | • | All other program service reve | | | | | | |
| | | | dividanda intere | | | | <u> Paragonal de la proposició de la composició de la compo</u> | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax | | | | | | <u> </u> |
| | 5 | Royalties | i e | 1 | | | | |
| | | _ | (i) Real | (ii) Personal | } | | | |
| | 6 a | *************************************** | | | | | | |
| | b | Less: rental expenses | | | } | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | en er værere af er i film i e | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | 1 | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| او | 8 a | Gross income from fundraising | g events (not | | | | | |
| ᇎ | | including \$ | of | | | | | |
| ě | | contributions reported on line | 1c). See | | | | | |
| Other Revenu | | Part IV, line 18 | | | | | | |
| 美 | b | Less: direct expenses | b | | | | | |
| ٦ | С | Net income or (loss) from fund | raising events | | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ing activities | | | | | |
| | 10 a | Gross sales of inventory, less i | returns | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | b | | | | <u> </u> | |
| | | Net income or (loss) from sales | | > | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | > | | | | |
| | 12 | Total revenue. See instructions. | | | 2,274,524. | 0. | 0. | 0. |

Form 990 (2017) STATE
Part IX | Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | this Part IX | | X |
|-----------|--|-----------------------|------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 035 100 | 700 050 | 126 040 | |
| 7 | Other salaries and wages | 935,108. | 799,059. | 136,049. | |
| 8 | Pension plan accruals and contributions (include | 100 201 | 110 076 | 1 6 4 4 5 | |
| | section 401(k) and 403(b) employer contributions) | 127,321. | 110,876. | 16,445. | |
| 9 | Other employee benefits | 77,573. 67,453. | 64,951. | 12,622. | |
| 10 | Payroll taxes | 6/,453. | 63,021. | 4,432. | |
| 11 | Fees for services (non-employees): | | ĺ | | |
| a | | 0 1// | | 0 144 | |
| b | | 9,144. 1,637. | 1,573. | 9,144. | |
| С | | 1,03/. | 1,5/3. | 04. | |
| d | 7 9 | | | | |
| e | , , | | | | |
| f | Investment management fees | | | | |
| g | , | 38,442. | 9,429. | 29,013. | |
| | column (A) amount, list line 11g expenses on Sch O.) | 1,145. | 9,449. | 1,145. | |
| 12 | Advertising and promotion | 17,977. | 11,037. | 6,940. | |
| 13 | Office expenses | 68,841. | 64,896. | 3,945. | |
| 14 | Information technology | 00,041. | 04,090. | 3,943. | |
| 15 | Royalties | 135,039. | 129,018. | 6,021. | |
| 16 | Occupancy | 6,045. | 2,918. | 3,127. | |
| 17 | Travel Payments of travel or entertainment expenses | 0,043. | 2,510. | 5,127. | |
| 18 | for any federal, state, or local public officials | | | | |
| 10 | Conferences, conventions, and meetings | ··· | | | |
| 19 20 | | 1,250. | 1,250. | | |
| 20 21 | Payments to affiliates | 1,250. | 1,250. | | |
| 2 i 22 | Depreciation, depletion, and amortization | 59,904. | 59,904. | | |
| 22 23 | Insurance | 5,598. | 5,581. | 17. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COULD DAM OF AMOUNT OF | 151,162. | 151,162. | | |
| b | SHARED SERVICES FEES | 139,829. | | 139,829. | |
| c | EQUIPMENT | 78,423. | 75,326. | 3,097. | |
| d | SPECIAL EDUCATION | 77,162. | 77,162. | | |
| | All other expenses SEE SCH O | 275,471. | 267,722. | 7,749. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,274,524. | 1,894,885. | 379,639. | 0 |
| <u> </u> | Joint costs. Complete this line only if the organization | | , | | |
| - | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

46-4128856 Page **11** STATE Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,816,124. 4,677,458. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 3,093,848. 293,143. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 381,610. 381,610. Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D ______ 10a 662,434. b Less: accumulated depreciation ______ 10b 59,904. 602,530. 602,530. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 85,025. 61,538. Other assets. See Part IV, line 11 15 15 5,955,650. 6,039,766. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 582,680. 841,349. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 5,344,220. 4,780,241. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 340,186. Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>49,240</u>. 0. Schedule D 5,926,900. 6,011,016.

> 6,039,766. Form **990** (2017)

28,750.

28,750.

26

27

29

30

31

32

33

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25

Permanently restricted net assets

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here

X
and

Unrestricted net assets Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

28,750.

28,750.

5,955,650.

26

27

28 29

30

31

32

33

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. GREEN DOT PUBLIC SCHOOLS WASHINGTON

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-4128856 STATE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 STATE

46-4128856 Page 2

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

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

| Sec | ction A. Public Support | , | | | | | |
|------|--|-----------------------|---------------------|------------------------|--------------------------|-----------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | 1 | | | |
| 5 | The portion of total contributions | | | | | | · · · · · · · · · · · · · · · · · · · |
| 3 | 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | L | |
| | | T | | T | T | | · |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | 1 | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | ļ i | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | _ |
| 14 | Public support percentage for 2017 (li | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | % |
| 15 | Public support percentage from 2016 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2017. If the c | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | |
| b | 33 1/3% support test - 2016. If the c | organization did no | t check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check this | box |
| | and stop here. The organization quali | ifies as a publicly s | upported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac- | - | | | | | • |
| | meets the "facts-and-circumstances" | | | | | it viriow the enganiz | |
| | 10% -facts-and-circumstances test | | | | - | | |
| | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | | | | - | | ightharpoonup |
| | Private foundation. If the organization | | | | - · · · · - | | |
| 10 | i ilvate iounidation. Il the organizatio | H GIO HOL CHECK & L | JOA OIT HITE TO, TO | a, 100, 17a, 01 17L | J, GI IEGN II IIS DOX AI | in see instructions | |

Schedule A (Form 990 or 990-EZ) 2017

| Part III Support Schedule for | Organizations | Described in | Section 509(a) | (2) | | |
|--|---------------------------|------------------------|------------------------|---------------------|------------------------|----------------|
| (Complete only if you check | ed the box on line 1 | 0 of Part I or if the | organization failed | to qualify under P | art II. If the organiz | ation fails to |
| qualify under the tests listed | below, please com | plete Part II.) | | | | |
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 Gifts, grants, contributions, and | Ì | | | | | |
| 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 | | ļ | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) > | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | - | | | | | |
| (less section 511 taxes) from businesses | s | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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.) | | ļ | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is f | or the organization' | 's first, second, thir | d, fourth, or fifth ta | x year as a section | n 501(c)(3) organiza | ation, |
| check this box and stop here | | | | | | |
| Section C. Computation of Pub | | | | | | |
| 15 Public support percentage for 2017 | | | olumn (f)) | | 15 | % |
| 16 Public support percentage from 201 Section D. Computation of Inve | | | | | 16 | <u>%</u> |
| 17 Investment income percentage for 2 | | | | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2017. If th | | | | | | is not |
| more than 33 1/3%, check this box | and stop here. The | e organization qual | fies as a publicly s | supported organiza | ation | > |
| b 33 1/3% support tests - 2016. If the | ıe organization did ı | not check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | nd |
| line 18 is not more than 33 1/3%, ch | eck this box and s | top here. The orga | nization qualifies a | s a publicly suppo | rted organization | > |

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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 |
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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| Sched | dule A (Form 990 or 990-EZ) 2017 STATE | | | 6-4128856 Page 6 |
|---------|---|-------------|--------------------------------|--------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orga | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust or | n Nov. 20, 1970 (explain in Pa | art VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | omplete S | ections A through E. | |
| Section | on 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 | | | 1 |
| | maintenance of property held for production of income (see instructions) | 6 | | l |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| _ | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | on C - Distributable Amount | | | Current Year |
| 1 . | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ted Type III supporting organ | ization (see |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

GR. N DOT PUBLIC SCHOOLS WASHIN TON

| | rt V Type III Non-Functionally Integrated 509 | (a)(2) Supporting Orga | | 16-4128856 Page 7 |
|------|--|-------------------------------|--|---|
| | Type in item i unetienany integrated eee | (a)(3) Supporting Orga | anizations (continued) | Comment Voor |
| | ion D - Distributions | | | Current Year |
| 2 | Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp | | | |
| ~ | organizations, in excess of income from activity | or barboses or subborred | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | · · · · · · · · · · · · · · · · · · · | |
| 4 | Amounts paid to acquire exempt-use assets | es or supported organization | 5 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive |) | |
| _ | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | : | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | indring of the second of the s | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

GRL N DOT PUBLIC SCHOOLS WASHINGTON

| Schedule A | (Form 990 or 990-EZ) 2017 STATE | 46-4128856 Page 8 |
|--------------|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D. | or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V, |
| | (See instructions.) | —————————————————————————————————————— |
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2017

GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE 46-4128856 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GREEN DOT PUBLIC SCHOOLS WASHINGTON
STATE

Employer identification number

46-4128856

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202 | \$ 273,618. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | WASHINGTON DEPARTMENT OF EDUCATION P.O. BOX 47206 OLYMPIA, WA 98504-7206 | \$ <u>1,058,084</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | BILL AND MELINDA GATES FOUNDATION 440 5TH AVE N SEATTLE, WA 98109 | \$ 942,822. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

GREEN DOT PUBLIC SCHOOLS WASHINGTON
STATE

Employer identification number

46-4128856

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

Name of organization Employer identification number GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE 46-4128856 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREEN DOT PUBLIC SCHOOLS WASHINGTON

Employer identification number

| T-D- | STATE | | 46-4128856 |
|----------------|--|--|--|
| Pa | rt I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor advise | ed funds |
| _ | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| Ü | for charitable purposes and not for the benefit of the donor or | | - |
| | | | |
| Pa | | enization encurred "Vest on Form 000 F | |
| and the second | | | rant IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizatio | ` | |
| | Preservation of land for public use (e.g., recreation or ed | ´ — | orically important land area |
| | Protection of natural habitat | Preservation of a certi | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form o | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired at | | |
| | listed in the National Register | | I I |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year > | acca, oxungalonca, or torrunated by the | organization daming the tax |
| 4 | Number of states where property subject to conservation ease | ement is located | |
| 5 | Does the organization have a written policy regarding the period | | |
| • | violations, and enforcement of the conservation easements it | | Yes No |
| | | *************************************** | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | landling of violations, and emorcing const | ervation easements during the year |
| -, | Amount of aurous insured in a solitorium insuredium bandli | | the second section of the second |
| 7 | Amount of expenses incurred in monitoring, inspecting, handless. | ing of violations, and emorcing conservati | on easements during the year |
| | > \$ | | V 4 4 7 7 4 10 |
| 8 | Does each conservation easement reported on line 2(d) above | , , | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its revenue and expense s | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | on's financial statements that describes th | ne organization's accounting for |
| - | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | · | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC | C 958), not to report in its revenue stateme | ent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exhi | bition, education, or research in furtheran | ce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | es these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | C 958), to report in its revenue statement a | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, edu | | |
| | relating to these items: | , and the second | 3 |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | | | L . |
| o | If the organization received or held works of art, historical trea | euroe or other cimilar assets for financial | |
| 2 | | | gain, provide |
| _ | the following amounts required to be reported under SFAS 11. | | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | . . |
| b | Assets included in Form 990, Part X | | 🕨 💲 |

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

732051 10-09-17

Schedule D (Form 990) 2017

GREEL DOT PUBLIC SCHOOLS WASHING ON

| | dule D (Form 990) 2017 STATE | | | | | | | <u> 28856</u> | |
|-----|---|------------------------|-----------------------|----------------------|-------------|-----------|---|---------------|-----------|
| Pa | rt III Organizations Maintaining C | collections of Ar | t, Historical T | reasures, or C | ther S | imilar | Assets | (continue | ed) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check any of th | e following that are | e a signif | icant us | e of its c | ollection it | ems |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | | Loan or e | xchange programs | 3 | | | | |
| b | Scholarly research | • | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | During the year, did the organization solicit of | | | | | | | | |
| · | to be sold to raise funds rather than to be ma | | | | iiiiai aoc | 3010 | | Yes | No |
| Pai | t IV Escrow and Custodial Arran | | | | s" on Fo | rm 990 | Part IV I | | |
| 340 | reported an amount on Form 990, Pa | | ete ii tile organiza | lion answered Te | 3 01110 | 1111 550, | i aitiv, i | 1116 5, 01 | |
| 10 | | | lian, for contributio | no or other coasts | not incl | ıdad | | | |
| ıa | Is the organization an agent, trustee, custod | | | | | | | 7 v | |
| | on Form 990, Part X? | | | | | | | Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the to | llowing table: | | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escrow or | custodial account | liability? | | 🗀 | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Pai | t V Endowment Funds. Complete | if the organization ar | swered "Yes" on I | orm 990, Part IV, | line 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years b | ack (d) | Three ye | ars back | (e) Four ye | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1 a column | (a)) hold as: | ! | | | | |
| | Board designated or quasi-endowment | • | , | (a)) Helu as. | | | | | |
| | - ' | | | | | | | | |
| | | | | | | | | | |
| C | Temporarily restricted endowment | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | |
| за | Are there endowment funds not in the posse . | ssion of the organiza | ation that are neid | and administered | tor the o | rganizati | ion | [| |
| | by: | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | • | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | | | ? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, line 11a. | See Form 990, Pa | art X, line | 10. | | . <u></u> | |
| | Description of property | (a) Cost or o | 1 ' ' | st or other | (c) Accu | | | (d) Book v | ⁄alue |
| | | basis (investr | nent) basi | s (other) | depred | ciation | | | |
| 1a | Land | | | | | | | | |
| | Buildings | i | 6 | 62,434. | 5 | 9,90 | 4. | 602 | ,530. |
| | Leasehold improvements | | | | | | | | |
| | Equipment | ł | | | | | | | |
| | Other | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | gual Form 990 Part | X column (B) line | 10c.) | | | ightharpoonup | 602 | ,530. |

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|-----|-----|-----|----|
| | ľ | | r. |

| Part VII Investments - Other Securities. | | | |
|--|---|---|--------------------------------------|
| Complete if the organization answered "Yes" | on Form 990, Part IV, lir | e 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 | on: Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | - | |
| (D) | | | |
| (E) | | | |
| (G) | *************************************** | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990. Part IV. lin | e 11c. See Form 990. Part X | . line 13. |
| (a) Description of investment | (b) Book value | | on: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| | on Form 000 Bort IV lin | a 11d San Form 000 Dort V | line 15 |
| Complete if the organization answered "Yes" (a) [| Description | e Tra. See Form 990, Fart A | (b) Book value |
| (1) | | | (2, 250), 12.05 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | 15.) | | > |
| | 5 000 B 1 N / N | 44.0 5 000 | D |
| Complete if the organization answered "Yes" of a Description of liability | on Form 990, Part IV, lin | e 11e or 11f. See Form 990, (b) Book value | Mart X, line 25. |
| | | (b) DOOK value | |
| (1) Federal income taxes (2) ACCOUNTS PAYABLE-RELATED | | 49,240. | |
| (3) (3) | | 47,240. | |
| (4) | | | |
| (5) | | [, r | |
| (6) | · · · · · · · · · · · · · · · · · · · | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | 49,240. | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | to the organization's financia | I statements that reports the |
| organization's liability for uncertain tax positions under l | FIN 48 (ASC 740). Chec | k here if the text of the footn | ote has been provided in Part XIII |

732053 10-09-17

Schedule D (Form 990) 2017

AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN TAX POSITIONS

ARE REQUIRED.

| | | GRN | DOT | PUBLIC | WASHIL JON | 46-4128856 | |
|-------------|--|--------------|----------|--------|------------|---------------|--------|
| Schedule D | (Form 990) 2017 Supplemental Infor r | STATE | | | | 40-4120000 | Page 5 |
| [di com | Supplemental inform | nation (co | ontinued |) | | | |
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE

Employer identification number 46-4128856

| | | | YES | NO |
|----|---|----|---------|-----------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | |
| | other governing instrument, or in a resolution of its governing body? | 1 | Х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Х | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | |
| | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes | | | |
| | the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. | | | |
| | If you need more space, use Part II | 3 | X | |
| | GREEN DOT'S "INTENT TO ENROLL FORM" AND ENROLLMENT PACKAGE | | | |
| | CONTAIN IT RACIALLY NONDISCRIMINATORY POLICY | | | |
| | | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Х | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | |
| | admissions, programs, and scholarships? | 4c | Х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | Х |
| | Admissions policies? | 5b | | X |
| С | Employment of faculty or administrative staff? | 5c | | X |
| | Scholarships or other financial assistance? | 5d | | X |
| | Educational policies? | 5e | | X |
| | Use of facilities? | 5f | | X |
| | Athletic programs? | 5g | | X |
| h | Other extracurricular activities? | 5h | | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | The areness and the area of process of plants in your rest more spaces, also have in | | | |
| | | | | |
| | | | | |
| | | | | |
| 62 | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | 433 |
| | Has the organization's right to such aid ever been revoked or suspended? | | 47 | X |
| D | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | 6b | 67 j. s | |
| 7 | | | | |
| 1 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | _ | Х | المحاديين |
| | Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | 47 | |

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

Schedule E (Form 990 or 990-EZ) 2017

GR IN DOT PUBLIC SCHOOLS WASHI. JON

| Schedule E (Form 990 or 990-EZ) 2017 STATE | 46-4128856 | Page 2 |
|---|---------------------------------------|-------------|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and | 7, as applicable. | |
| Also provide any other additional information. | | |
| | | |
| LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: | | |
| | | |
| APPORTIONMENT REVENUE BASED ON STUDENT ENROLLMENT | | |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. GREEN DOT PUBLIC SCHOOLS WASHINGTON

STATE

Employer identification number 46-4128856

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE (GDPS WA) WAS ORGANIZED IN |
| 2013.DURING THE FISCAL YEAR ENDED AUGUST 31, 2018. GDPS WA OPERATED |
| THREE CHARTER SCHOOL. T |
| GPDS WA WAS FUNDED UPON THE SIMPLE IDEA THAT EVERY CHILD IN EVERY |
| COMMUNITY DESERVES TO GO TO A GREAT SCHOOL. GDPS WA'S MISSION IS TO |
| TRANSFORM PUBLIC EDUCATION SO ALL STUDENTS GRADUATE PREPARED FOR |
| COLLEGE, LEADERSHIP AND LIFE. GDPS WA'S ACADEMIC MODEL IS DESIGNED TO |
| MEET THE INDIVIDUAL STUDENT NEEDS AND TO PROVIDE STUDENTS WITH A |
| RIGOROUS CURRICULUM AND THE SUPPORT THEY NEED TO SUCCEED. GDPS WA |
| ENSURES THAT EVERY STUDENT HAS A HIGHLY EFFECTIVE CLASSROOM EXPERIENCE |
| BY PROVIDING SMALL, SAFE PERSONALIZED SCHOOLS, HIGH EXPECTATIONS FOR |
| ALL STUDENTS, LOCAL CONTROL AND ACCOUNTABILITY, PARENT PARTICIPATION, , |
| AND A LONGER SCHOOL DAY AND YEAR. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| COMMUNITY DESERVES TO GO TO A GREAT SCHOOL. GDPS WA'S MISSION IS TO |
| TRANSFORM PUBLIC EDUCATION SO ALL STUDENTS GRADUATE PREPARED FOR |
| COLLEGE, LEADERSHIP AND LIFE. GDPS WA'S ACADEMIC MODEL IS DESIGNED TO |
| MEET THE INDIVIDUAL STUDENT NEEDS AND TO PROVIDE STUDENTS WITH A |
| RIGOROUS CURRICULUM AND THE SUPPORT THEY NEED TO SUCCEED. GDPS WA |
| ENSURES THAT EVERY STUDENT HAS A HIGHLY EFFECTIVE CLASSROOM EXPERIENCE |
| BY PROVIDING SMALL, SAFE PERSONALIZED SCHOOLS, HIGH EXPECTATIONS FOR |
| ALL STUDENTS, LOCAL CONTROL AND ACCOUNTABILITY, PARENT PARTICIPATION, |
| AND A LONGER SCHOOL DAY AND YEAR. |

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON Employer identification number STATE 46-4128856 FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990. ANY ITEMS THEY WOULD LIKE TO DISCUSS WITH THE REST OF THE BOARD ARE PRESENTED AT A SUBSEQUENT BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO SUBMIT REPORTS THAT DOCUMENT ANY POSSIBLE CONFLICT OF INTEREST USING THE FORM 700 AS REQUIRED BY OUR OVERSIGHT AGENCY. IN ADDITION, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE AN "IRS FORM 990 DISCLOSURE QUESTIONAIRE" TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE CEO. THE CEO SETS THE COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS. KEY EMPLOYEE COMPENSATION IS SET BY A COMPENSATION COMMITTEE COMPRISED OF THE TOP MANAGEMENT OFFICALS AND THE VICE PRESIDENT OF HUMAN CAPITAL. FORM 990, PART VI, SECTION C, LINE 19: REQUIRED DOCUMENTS ARE AVAILABLE AT THE BUSINESS ADDRESS DURING NORMAL BUSINESS HOURS UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: STUDENT NUTRITION: PROGRAM SERVICE EXPENSES 62,017. MANAGEMENT AND GENERAL EXPENSES 0.

Schedule O (Form 990 or 990-EZ) (2017)

0._

62,017.

TOTAL EXPENSES

FUNDRAISING EXPENSES

| Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE | Employer identification numbe $46-4128856$ |
|--|--|
| INSTRUCTIONAL MATERIALS & TEXTBOOKS: | |
| PROGRAM SERVICE EXPENSES | 45,138. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 45,138. |
| SPECIAL DISTRICT FEES: | |
| PROGRAM SERVICE EXPENSES | 35,926. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 35,926. |
| STUDENT PROGRAMS: | |
| PROGRAM SERVICE EXPENSES | 35,250. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 35,250. |
| MAINTENANCE: | |
| PROGRAM SERVICE EXPENSES | 22,184. |
| MANAGEMENT AND GENERAL EXPENSES | 24. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 22,208. |
| RECRUITMENT & DEVELOPMENT: | |
| PROGRAM SERVICE EXPENSES | 19,163. |
| MANAGEMENT AND GENERAL EXPENSES | 2,625. |

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE | Employer identification number $46-4128856$ |
|--|---|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 21,788. |
| TOTAL EXPENSES | 21,700. |
| COMMUNICATION: | |
| PROGRAM SERVICE EXPENSES | 17,445. |
| MANAGEMENT AND GENERAL EXPENSES | 2,501. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 19,946. |
| UTILITIES: | |
| PROGRAM SERVICE EXPENSES | 19,161. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 19,161. |
| FIELD TRIPS: | |
| PROGRAM SERVICE EXPENSES | 6,782. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 6,782. |
| UNIFORMS: | |
| PROGRAM SERVICE EXPENSES | 4,389. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,389. |
| SUPPLIES: | |
| 732212 09-07-17 | Schedule O (Form 990 or 990-EZ) (2017 |

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE | Page 2 Employer identification number 46-4128856 |
|--|--|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,948. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,948. |
| | |
| DUES & MEMBERSHIPS: | |
| PROGRAM SERVICE EXPENSES | 267. |
| MANAGEMENT AND GENERAL EXPENSES | 446. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 713. |
| | |
| BANK CHARGES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 205. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 205. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 275,471. |
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

GREEN

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection 2017

| Name of the organization GKEEN DOT FUBL. STATE | STATE | CN | | | Employer identification number $46-4128856$ | ation number |
|--|---------------------------------------|---|-------------------------|---------------------------------------|---|---|
| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 | e if the organization answered "Yes" | on Form 990, Part IV, line 33 | • | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | | (f) Direct controlling entity |
| | | | | | | |
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| Part II organizations during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. | tions. Complete if the organization a | Inswered "Yes" on Form 990 | , Part IV, line 34, bed | cause it had one or | more related tax-exer | npt |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 512(b)(13) controlled entity? |
| GREEN DOT PUBLIC SCHOOLS NATIONAL - | | | | 501(c)(3)) | | Yes No |
| 46-5740783, 1149 S HILL STREET SUITE 600, | | | | | | |
| , CA | EDUCATIONAL SERVICES | CALIFORNIA | 501(C)(3) L | LINE 12B, II | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

46-4128856

Page 2

Schedule R (Form 990) 2017 Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

Part IV Name, address, and EIN of related organization Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year. Name, address, and EIN of related organization Primary activity ₤ Legal domicile (state or foreign country) <u>0</u> Primary activity Direct controlling <u>a</u> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling <u>a</u> Share of total income 3 Type of entity (C corp, S corp, or trust) <u>e</u> Share of end-of-year 9 Share of total income Yes Disproportionate allocations? $\widehat{\Xi}$ N_O Share of end-of-year Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 9 Percentage ownership Yes No General or managing partner? Ξ Percentage ownership Yes No Ē

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

| 90) 2017 | Schedule R (Form 990) 2017 | | | 732163 09-11-17 |
|----------|---|----------------------------|----------------------------|---|
| | | | | (6) |
| | | | | (5) |
| | | | | (4) |
| | | | | (3) |
| | ACCRUAL | 141,037 | N | (2) GREEN DOT PUBLIC SCHOOLS NATIONAL |
| | ACCRUAL | 210,011. | Ъ | (1) GREEN DOT PUBLIC SCHOOLS NATIONAL |
| - | (d) Method of determining amount involved | (c) Amount involved | (b) Transaction type (a-s) | (a) Name of related organization |
| | covered relationships and transaction thresholds. | | who must complete th | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including |
| × | 70 | | | s Other transfer of cash or property from related organization(s) |
| × | 1r | | | r Other transfer of cash or property to related organization(s) |
| Þ | 10 | | | q Heimbursement paid by related organization(s) for expenses |
| + | 1p X | | | Reimbursement paid to related organization(s) for expenses |
| | | | | |
| × | 10 | | : | Sharing of paid employees with related organization(s) |
| | 1n X | | ion(s) | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |
| × | 1m | | | m Performance of services or membership or fundraising solicitations by related organization(s) |
| × | 1 | | | Performance of services or membership or fundraising solicitations for relat |
| × | | | | k Lease of facilities, equipment, or other assets from related organization(s) |
| Þ | | | | ן במספ טו ומטווונופא, פילוטוטוופו ול, טו טווופו מפספנט נט ופומנפט טולמוווצמנוטוולס) |
| 4 × | | | | |
| × | 1h | | | h Purchase of assets from related organization(s) |
| × | 19 | | | g Sale of assets to related organization(s) |
| | = | | | Dividends from related organization(s) |
| 4 | | | | |
| × | ie. | | | e Loans or loan guarantees by related organization(s) |
| × | 1d | | | d Loans or loan guarantees to or for related organization(s) |
| × | 1c | | | S |
| × | 1b | | | b Gift, grant, or capital contribution to related organization(s) |
| × | 1a | | У | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| - 1 | | lated organizations listec | s with one or more rel | 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |
| No No | Yes | | | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |

Schedule R (Form 990) 2017 STATE

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

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

| | | | | | (a) Name, address, and EIN of entity |
|----------------------------|--|--|------|--|---|
| | | | | | (b) Primary activity |
| | | | | | (c) Legal domicile (state or foreign country) |
| | | | | | Predominant income (related, unrelated, excluded from tax under sections 512-514) |
| | | | | | Are all partners sec. 501(c)(3) orgs.? Yes No |
| | | | | | (f) Share of total income |
| | | | | | (g) Share of end-of-year assets |
| | | | | | (h) Disproportionate allocations? Yes No |
| Schodulo | | | | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |
| ם (ה | | | | | General or managing partner? |
| Schedule B (Earm 990) 2017 | | | | | (k) or Percentage or or percentage or percentage |

GR__N DOT PUBLIC SCHOOLS WASHI __TON

| Schedule | R (Form 990) 2017 STATE | 46-4128856 Page 5 |
|----------|--|---|
| Part VI | Supplemental Information. | |
| | Provide additional information for responses to questions on Schedule R. See instructions. | |
| | Provide additional information for responses to questions on Schedule R. See Instructions. | |
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| | | | | | | 1 | | Asset No. |
|--|--|--|--|--------------------------------|---|------------|------------------|--|
| | | | | * GRAND TOTAL 990 PAGE 10 DEPR | * 990 PAGE 10 TOTAL PROGRAM SERVICES | 1 🗀 🗆 | PROGRAM SERVICES | Description |
| | | | | | | | | Date Acquired |
| | | | | | | ZL | | Method |
| | | | | | | 40.00 | | Life |
| | 2 1 3 0 0 3 0 0 0 0 4 (2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | 16 | | < 3 0 0 |
| | | | | 662,434. | 662,434. | 6 662,434. | | Line Unadjusted No. Cost Or Basis |
| | | | | | | | | Bus % Excl |
| | | | | | | | | Section 179 Expense |
| | | | | | | | | Reduction In Basis |
| | | | | 662,434. | 662,434. | 662,434. | | Basis For Depreciation |
| | | | | 0. | 0. | | | Beginning Accumulated Depreciation |
| | | | | | | | | Current Sec 179 Expense |
| | | | | 59,904. | 59,904. | 59,904. | | Current Year Deduction |
| | | | | 0. | 0. | | | Ending Accumulated Depreciation |

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

EXTENDED TO MAY 15, 2019

Form **990**

Department of the Treasury Internal Revenue Service

732001 11-28-17

Return of Organization Exempt From Income Tax

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

 $\blacktriangleright\,$ Do not enter social security numbers on this form as it may be made public.

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

2017
Open to Public Inspection

| Α | For th | e 2017 calendar year, or tax year beginning JUL 1, 2017 | and | ending J | UN 30, 2018 | |
|--------------------------------|---------------------------|--|-------------|-------------------|------------------------------|-------------------------------|
| В | Check i applical | GREEN DOT PUBLIC SCHOOLS WASHINGTO | N | | D Employer identifi | cation number |
| | Addr chan | ess STATE | | | | |
| | Nam chan Initia | ge Doing business as | | | | 128856 |
| | retur _Final _retur | Number and street (or P.O. box if mail is not delivered to street address) 4800 S 188TH STREET | | Room/suite 250 | E Telephone numbe 323- | r 565-1600 |
| | term ated | City or town, state or province, country, and ZIP or foreign postal coo | de | | G Gross receipts \$ | 13,567,456. |
| | Ame retur | SEATAC, WA 98188 | | | H(a) Is this a group re | |
| | Appl tion | F Name and address of principal officer: DRIANNA DUBBLAU | LТ | | for subordinates | |
| | pend | ^{ng} 1149 S HILL ST SUITE 600, LOS ANGELI | ES, | CA 9 | H(b) Are all subordinates in | |
| 1 - | ax-ex | | 7(a)(1) o | | 1 | list. (see instructions) |
| J١ | Vebs | ite: ▶ WA.GREENDOT.ORG | | | H(c) Group exemptio | • |
| K | orm c | f organization: X Corporation Trust Association Other | • | L Year | | A State of legal domicile: WA |
| Pa | irt l | Summary | | | | |
| - | 1 | Briefly describe the organization's mission or most significant activities: | SEE S | CHEDU | LE O | |
| Governance | | | | | | |
| ra | 2 | Check this box if the organization discontinued its operations or | dispose | ed of more | than 25% of its net ass | sets. |
|) Ve | 3 | | | | з д | 4 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line | | | | 4 |
| જ જ | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a | | | | 126 |
| ığ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 9 |
| Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0. |
| _ < | | Net unrelated business taxable income from Form 990-T, line 34 | | | | 0. |
| | | | | | Prior Year | Current Year |
| a | 8 | Contributions and grants (Part VIII, line 1h) | | | 6,151,195. | 13,567,456. |
| ž | 9 | Program service revenue (Part VIII, line 2g) | | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 0. | 0. |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line | | | 6,151,195. | 13,567,456. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0. | 0. |
| ý | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines | | | 3,271,448. | 7,929,931. |
| JSe | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) | | 0. | | |
| ω | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 2,879,746. | 5,637,521. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 6,151,194. | 13,567,452. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | 1. | 4. |
| Net Assets or Fund Balances | | | | Beg | inning of Current Year | End of Year |
| sets alan | 20 | Total assets (Part X, line 16) | | | 6,260,956. | 5,955,650. |
| t Ass | 21 | Total liabilities (Part X, line 26) | | | 6,232,210. | 5,926,900. |
| Sel | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 28,746. | 28,750. |
| Pa | rt II | Signature Block | | | | |
| Unde | r pena | lties of perjury, I declare that I have examined this return, including accompanying sc | hedules | and statemer | nts, and to the best of my | knowledge and belief, it is |
| true, | corre | t, and complete. Declaration of preparer (o had than officer) it based on all informatio | on of whice | ch preparer h | nas any knowledge. | |
| | | | | | | |
| Sign | 1 | Signature of officer | | | Date | |
| Here | • | BRIANNA DUSSEAULT, EXECUTIVE DIRECT | OR | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name | 44 44 | | ate Check | PTIN |
| Paid | | MATTHEW S. MILLER Mallhun 5 / | <u>Ndli</u> | 5 | 1/4/17 if self-employe | P01385220 |
| Prep | arer | | LP | | Firm's EIN ▶ | 95-2648289 |
| Use | Only | Firm's address 10681 FOOTHILL BLVD SUITE 300 |) | | | |
| | | RANCHO CUCAMONGA, CA 91730 | | | Phone no. 909 | 9-466-4410 |
| May | tha II | 29 discuss this return with the property shown above? (see instructions) | | | | V V |

| | GREEN T PUBLIC SCHOOLS WASHINGTO. |
|----------------|--|
| | 990 (2017) STATE 46-4128856 Page 2 |
| Pa | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE (GDPS WA) WAS ORGANIZED IN 2013.DURING THE FISCAL YEAR ENDED JUNE 30, 2018, GDPS WA OPERATED THREE CHARTER SCHOOLS. T |
| | GDPS WA WAS FOUNDED UPON THE SIMPLE IDEA THAT EVERY CHILD IN EVERY |
| | Did the organization undertake any significant program services during the year which were not listed on the |
| 2 | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4а | (Code:) (Expenses \$ 11,652,375. including grants of \$) (Revenue \$) |
| т а | GREEN DOT PUBLIC SCHOOLS IS COMMITTED TO CHANGING THE LANDSCAPE OF |
| | PUBLIC EDUCATION SO THAT ALL STUDENTS GRADUATE PREPARED FOR COLLEGE, |
| | |
| | LEADERSHIP AND LIFE. GREEN DOT IS FULFILLING THIS MISSION BY RUNNING |
| | HIGH-ACHIEVING PUBLIC CHARTER SCHOOLS THAT ARE FOCUSED ON GRADUATING |
| | STUDENTS AND FULLY PREPARING THEM FOR COLLEGE. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| | ALL AREA CONTROL OF THE CONTROL OF T |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| 40 | (Code:) (Expenses a |
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(Expenses \$
4e Total program service expenses ▶

4d Other program services (Describe in Schedule O.)

including grants of \$ 11,652,375.

Form **990** (2017)

46-4128856 Page **3**

| Pa | rt IV Checklist of Required Schedules | | | age C |
|-----|--|------|--------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 1.55 | 110 |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | _X_ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1 | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| · b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | ĺ | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | 1 | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| 46 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | _X_ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | 000 | X |
| | | Form | 99U (2 | 2017) |

Form 990 (2017)

| Ра | rt IV Checklist of Required Schedules (continued) | | | |
|-----|---|----------|-----|---------------|
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | · · | 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 |
| 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 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | <u> </u> | | |
| | 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 | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 1.0 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | | 250 | | - |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 230 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? | | | |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | ĺ |
| | 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 Schedule L, Part IV | 21 | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, tructoe, or key employee? If IIV III III III III III III IIII II | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | _ | |
| Ū | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 00 | | 30 | | Х |
| 31 | contributions? If "Yes," complete Schedule M | 30 | | |
| 01 | | 24 | | х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 02 | • | 00 | | Х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 00 | | 00 | | v |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | _X_ |
| 0- | | | x | |
| 35a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | ^ | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| b | | 051 | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | — |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | _ | | v |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u>X</u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | _ | İ | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | _ | ~ l | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | |
|-----|---|------------------------|-----|-----------|----------------------|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 15 | | 163 | INO |
| b | Enter the number of Forms W-2G included in 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 | х | |
| 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 | 126 | | | 1 |
| 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 | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | 3b | | |
| | 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 | | Х |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | [| 5a | | Х |
| b | 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? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici | | | | |
| | any contributions that were not tax deductible as charitable contributions? | L | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | L | 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 p | ayor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | L | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | . | |
| | to file Form 8282? | | 7c | | <u> </u> |
| 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? | L | 7е | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | ····· | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required | | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 | 3-C? | 7h | | |
| | 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 | Teasure | 80 St. V. V. |
| | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | | |
| | 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 | | |
| | Section 501(c)(7) organizations. Enter: | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | |
| | Gross income from members or shareholders | —— | | | |
| D | | | | | |
| 122 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 10- | | <u> 1988 (A.) </u> |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12a | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | 703 No. 3 | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | ····· | iva | | 77.7 |
| | 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 13c | - | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | - - | l4a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | | 4b | -+ | |
| | | | _ | 990 (| 2017) |

46-4128856

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BLAKE HERRERA - 253-382-2400 SEATAC, 98188 4800 S 188TH STREET SUITE 250,

45700342

46-4128856

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization in | nor any related | orga | niza | tion | con | nper | sate | ed any current officer, d | irector, or trustee. | |
|---|---------------------|--------------------------------|-----------------------|-------------|----------|------------------------------|------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | 1 | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | not c | Pos heck | more | than o | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is both or/trus | n an | compensation | compensation | amount of |
| | week | - | T a | T | liecto | T | 100) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or d | tee | | | sated | | (W-2/1099-MISC) | (VV-2/1099-W15C) | organization |
| | organizations | ruste | trus | | ee/ | npen | | (***2/*1033*181100) | | and related |
| | below | dual t | institutional trustee | _ | oldm | st col | , in | | | organizations |
| | line) | Individual trustee or director | Institu | Officer | Key e | Highest compensated employee | Form | | | |
| (1) WILLIAM WANG | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (2) MARGUERITE KONDRACKE | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (3) JEFF THIEL | 2.00 | | | | | | | | | _ |
| DIRECTOR | | X | _ | _ | _ | <u> </u> | | 0. | 0. | 0. |
| (4) MELANNIE CUNNINGHAM | 2.00 | | | | | | | | | |
| SECRETARY | | X | | ļ | | | | 0. | 0. | 0. |
| (5) JOSEPH HAILEY | 2.00 | | | | | | | | | |
| CHAIRMAN | 40.00 | X | | _ | | - | | 0. | 0. | 0. |
| (6) JEREMY TULLIS | 40.00 | ٠, | | | | | | 05 154 | _ | 10 605 |
| DIRECTOR OF ACADEMICS | 40.00 | X | | - | | | | 85,154. | 0. | 12,605. |
| (7) BRIANNA DUSSEAULT EXECUTIVE DIRECTOR | 40.00 | 1 | | х | | | | 194,271. | 0. | 22 752 |
| (8) BLAKE HERRERA | 40.00 | - | | Δ | - | | | 194,2/1. | 0. | 33,753. |
| DIR OF FINANCE & OPERATION | 40.00 | | | х | | | | 84,645. | 0. | 20,930. |
| (9) WALTER CHEN | 40.00 | | - | ^ | - | H | | 04,045. | . | 20,930. |
| PRINCIPAL | 40.00 | | | | | Х | | 116,331. | 0. | 7,227. |
| INITIAL | | _ | - | _ | \vdash | <u> </u> | | 110,331. | 0. | 7,227• |
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Form 990 (2017)

STATE Form 990 (2017)

| Part VII Section A. Officers, Directors, Trus | tees. Kev Emi | olov | ees. | and | d Hie | ahes | st C | Compensated Employee | | 200 | | <u></u> | age C |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------|--------------------------------|----------|--------|---------------------|----------------|
| (A) | (B) | , | 000, | | C) | 9 | | (D) | (E) | | | (F) | |
| Name and title | Average | /do | | Pos | itior | | | Reportable | Reportable | | Es | stimat | ed |
| | hours per | box | , unle | ss pei | rson i | than o | n an | compensation | compensation | ۱ | ar | nount | of |
| | week (list any | | cer an | aaa | recto | r/trus | tee) | from | from related | İ | | other | |
| | hours for | Individual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MIS | | | pensa om th | |
| | related | ee or | ıstee | | | nsate | | (W-2/1099-MISC) | (** 2) 1000 11110 | , | | anizat | |
| | organizations | trust | nal trı | | oyee | ompe e | | | | | an | d relat | ed |
| | below line) | lividua | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| | iiiie) | 트 | SE . | ₩. | - Ā | · 물 등 | 호 | | | \dashv | | | |
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| 1b. Sub total | | | | | | | | 480,401. | | 0. | 7 | 4,5 | 1 5 |
| 1b Sub-total c Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | | ± , J | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 480,401. | | 0. | 7 | 4.5 | 15. |
| 2 Total number of individuals (including but no | | | | | | | o re | | | | | | |
| compensation from the organization | | | | | | | | | · | | | | 2 |
| | | | | | | | | | | _ | | Yes | No |
| 3 Did the organization list any former officer, | director, or tru | stee | , ke | y em | plo | yee, | or h | highest compensated en | nployee on | | | | |
| line 1a? If "Yes," complete Schedule J for su | ıch individual | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | • | _ | L | | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | late | ed organization or individ | ual for services | F | | | |
| rendered to the organization? If "Yes." com | olete Schedule | J fc | or su | ch c | erso | on. | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | - 41- | | 100.000 f | | | | |
| Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | • | nsati | on tro | m | |
| (A) | rie caleridar ye | al e | nain | g wi | uno | 1 WIL | 11111 | (B) | ar. | | (C | ·\ | |
| Name and business | address | NC | NE | : | | | | Description of se | ervices | Co | | ') nsatio | n |
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| | | | | | | | 4 | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | cluding but so | + lim | nito d | to t | hoo | o liot | | abovo) who received ma | ro than | | | | |
| \$100,000 of compensation from the organiz | | e IIII | meu | io t | 0 | | .cu | above, who received ino | io dian | | | | |

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Form **990** (2017)

| 1 a Federated campaigns 1a | Form 990 | (2017) STATE | 1 | - | | | 46-4128 | 856 Page 9 |
|---|--|---|---|--------------------------|-------------|----------------------------|-----------------------|--|
| Total revenue Related or Commission | Part VI | II Statement of Reven | iue | | | | | |
| Total. Add lines 1a.11 2 a | | Check if Schedule O cont | ains a response | or note to any line | (A) | Related or exempt function | Unrelated business | (D) Revenue excluded from tax under sections 512 - 514 |
| 2 a b d d d d d d d d d d d d d d d d d d | ontributions, Gifts, Gran nd Other Similar Amoun | Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abov | 1b 1c 1d ons) 1e ts, and //e 1f 1a-1f: \$ | | 13,567,456. | | | |
| other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a B Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C c All other revenue | Program Servic Revenue | All other program service rever | nue | | | | | |
| | Other Revenue 4 5 6 a b c d 7 a b c d 8 a b c a 10 a b c 11 a b c | other similar amounts) Income from investment of tax Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fundi Gross income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less r and allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue | (i) Real (i) Securities (i) Securities g events (not of 1c). See a b raising events tivities. See a b a b of of a b of of of of of of of of of | (ii) Personal (ii) Other | | | | |
| e Total. Add lines 11a-11d | е | Total. Add lines 11a-11d | | > _ | 13,567,456 | 0 | 0 | 0. |

Form 990 (2017) STATE
Part IX Statement of Functional Expenses

| | tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | | | X |
|---------------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 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 | * | | | |
| 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 | 6,004,807. | 5,376,926. | 627,881. | |
| 8 | Pension plan accruals and contributions (include | 4 4-4 | | | |
| | section 401(k) and 403(b) employer contributions) | 1,054,967. | | 389,709. | |
| 9 | Other employee benefits | 465,438. | | 75,729. | |
| 0 | Payroll taxes | 404,719. | 378,126. | 26,593. | |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 54,866. | | 54,866. | |
| С | Accounting | 9,824. | 9,438. | 386. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 230,651. | 56,574. | 174,077. | |
| 2 | Advertising and promotion | 6,872. | | 6,872. | |
| 3 | Office expenses | 107,858. | 66,219. | 41,639. | |
| 4 | Information technology | 413,044. | 389,376. | 23,668. | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 810,233. | 774,110. | 36,123. | |
| 7 | Travel | 36,267. | 17,507. | 18,760. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 7,499. | 7,499. | | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 59,904. | 59,904. | | |
| 3 | Insurance | 33,591. | 33,488. | 103. | |
| 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | STUDENT TRANSPORTATION | 906,970. | 906,970. | | |
| b | EQUIPMENT | 470,533. | 451,954. | 18,579. | |
| C | SPECIAL EDUCATION | 462,974. | 462,974. | | |
| d | SHARED SERVICES FEES | 373,603. | | 373,603. | |
| | All other expenses SEE SCH O | 1,652,832. | 1,606,343. | 46,489. | |
| 5 | | 13,567,452. | 11,652,375. | 1,915,077. | 0 |
| <u>5</u> 6 | Joint costs. Complete this line only if the organization | ,, | ,,, | | <u> </u> |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

732010 11-28-17

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| Pa | rt X | Balance Sheet | | | | | |
|-------------------------------|------|--|------------|----------------------|--|---------|--------------------|
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | | | | | 1 | |
| | 2 | Savings and temporary cash investments | 5,307,414. | 2 | 1,816,124 | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | 847,348. | 4 | 3,093,848 |
| | 5 | Loans and other receivables from current and for | | | | | |
| | İ | trustees, key employees, and highest compensa | ated emp | oyees. Complete | | | |
| | | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| ည | İ | employees' beneficiary organizations (see instr). | | 6 | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ž | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Description of the second of t | | | 59,037. | 9 | 381,610 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 662,434. 59,904. | | | |
| | b | Less: accumulated depreciation | 10b | 59,904. | 0. | 10c | 602,530 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 47,157. | 15 | 61,538 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | 6,260,956. | 16 | 5,955,650 | | |
| | 17 | Accounts payable and accrued expenses | | 324,011. | 17 | 582,680 | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 5,908,199. | 19 | 5,344,220 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| ا ي | 22 | Loans and other payables to current and former | officers, | directors, trustees, | | | |
| | | key employees, highest compensated employee | s, and di | squalified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| د | 23 | Secured mortgages and notes payable to unrela | | | | 23 | 0 |
| - | 24 | Unsecured notes and loans payable to unrelated | l third pa | ties | | 24 | |
| | 25 | Other liabilities (including federal income tax, page | yables to | related third | | | |
| i | | 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 | | | 6,232,210. | 26 | 5,926,900 |
| | | Organizations that follow SFAS 117 (ASC 958 |), check l | nere ▶ X and | | | |
| ß | | complete lines 27 through 29, and lines 33 an | | | | | |
| 2 | 27 | Unrestricted net assets | | | 28,746. | 27 | 28,750 |
| ğ | 28 | Temporarily restricted net assets | | 28 | | | |
| | 29 | Permanently restricted net assets | | | | 29 | |
| 3 | | Organizations that do not follow SFAS 117 (AS | SC 958), | check here 🕨 📖 📗 | Several Control of the Control of th | | |
| 5 | | and complete lines 30 through 34. | | <u> </u> | | | |
| 3 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 3 | 31 | Paid-in or capital surplus, or land, building, or eq | | | | 31 | |
| Net Assets of 1 dild balances | 32 | Retained earnings, endowment, accumulated inc | | | | 32 | |
| - | 33 | Total net assets or fund balances | | | 28,746. | 33 | 28,750 |
| - 1 | 34 | Total liabilities and net assets/fund balances | | | 6,260,956. | 34 | 5,955,650 |

Form **990** (2017)

| <u>i Oili</u> | 990 (2017) 0111111 | | | <u> </u> | 70 |
|---------------|---|-----------|-------|----------|----------------|
| Pa | t 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 | 13,56 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,56 | 7,4 | <u>52.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>4.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | 8,7 | 46. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B))10 | | | | <u>50.</u> |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | F7 | 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 in Schedule | Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | Terror and the |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

GREEN DOT PUBLIC SCHOOLS WASHINGTON

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-4128856 STATE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 STATE

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|----------------------|--|----------------------|----------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | | | , , | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | • | | |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | * |
| 13 | First five years. If the Form 990 is for | the organization's | | | | | |
| | organization, check this box and stor | a bana | | | ······································ | . , , , | |
| | tion C. Computation of Publi | | <u>_</u> | | | | |
| | Public support percentage for 2017 (li | | | | | 14 | % |
| 15 | Public support percentage from 2016 | Schedule A, Part I | I, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2017. If the o | | | | | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | ▶□ |
| b | 33 1/3% support test - 2016. If the o | | | | | | |
| | and stop here. The organization quali | fies as a publicly s | upported organiza | tion | | | ▶□ |
| 17a | 10% -facts-and-circumstances test | - 2017. If the orga | anization did not c | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% or | more, |
| | and if the organization meets the "fact | | | | | | |
| | meets the "facts-and-circumstances" t | | | | | | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | e "facts-and-circun | nstances" test, ch | eck this box and | stop here. Explain | in Part VI how the | |
| | organization meets the "facts-and-circ | umstances" test. T | he organization q | ualifies as a public | ly supported organ | nization | > |
| 18 | Private foundation. If the organization | n did not check a b | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | > |
| | | | | | Sche | dule A (Form 990 o | r 990-EZ) 2017 |

Schedule A (Form 990 or 990-EZ) 2017 STATE

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

| Se | qualify under the tests listed b | elow, please comp | olete Part II.) | | | | |
|----------|--|----------------------------|------------------------|---------------------------------------|---------------------|-----------------------|-------------|
| | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (a) 2017 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2013 | (b) 2014 | (0) 2015 | (0) 2016 | (e) 2017 | (f) Total |
| • | 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 | | | | | | |
| 2 | Gross receipts from activities that | | | | | - | |
| 3 | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | |
| 4 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | - | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | <u> </u> | |] | | | |
| | Amounts included on lines 1, 2, and | | | | | | <u></u> |
| 10 | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | Ì | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | T | | 1 | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 1 | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | 1 | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | · · · · · · · · · · · · · · · · · · · | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | |] | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, third | d, fourth, or fifth ta | x year as a section | n 501(c)(3) organizat | ion, |
| <u> </u> | check this box and stop here | - Command Day | | | | | |
| | tion C. Computation of Public | | | | | T T | |
| | Public support percentage for 2017 (li | | | | | 15 | <u>%</u> |
| | Public support percentage from 2016 tion D. Computation of Inves | | | | | 16 | <u>%</u> |
| | | | | o 12 ook (5) | | 47 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 2 | | | | | 0.1/00/ | % |
| | 33 1/3% support tests - 2017. If the | | | | | | , — |
| | more than 33 1/3%, check this box an | | | | | | |
| | 33 1/3% support tests - 2016. If the | | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | ▶ |
| 20 | Private foundation. If the organization | <u>ı dıd not check a b</u> | box on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | > |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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 |
|-----|------|-----------------|
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3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

За

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orgar | nizations | | | |
|------|--|-----------|-----------------------------|--------------------------------|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions 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 | | | | |
| | 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): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| | Average monthly cash balances | 1b | | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| | Discount claimed for blockage or other | | | | | |
| | factors (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | |
| | see instructions) | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by .035 | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | 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 85% of line 1 | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| - | emergency temporary reduction (see instructions) | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | | ed Type III supporting oras | anization (see | | |
| | instructions). | | | · | | |

Schedule A (Form 990 or 990-EZ) 2017

GR N DOT PUBLIC SCHOOLS WASHI. FON

| Sche | edule A (Form 990 or 990-EZ) 2017 STATE | | | 46-4128856 Page 7 |
|------|---|-------------------------------|--|---|
| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Sec | tion D - Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish exe | empt purposes | * 150 War = 100 October 100 Oc | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | \$ | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | i . | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive |) | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | A. |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3 | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2017

GR N DOT PUBLIC SCHOOLS WASHI. FON

| Schedule A | (Form 990 or 990-EZ) 2017 STATE 46-4128856 Pag |
|-------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| _ | (See instructions.) |
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

46-4128856

| Organization type (check one): | | | | | | |
|--------------------------------|--|--|--|--|--|--|
| Filers of | : | Section: | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| <u> </u> | | account houthan Constant Polar and Constant Polar | | | | |
| | - | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General | Rule | | | | | |
| X | ū | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special | Rules | | | | | |
| | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | |
| but it mu | ıst answer "No" on i | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | |

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

Name of organization
GREEN DOT PUBLIC SCHOOLS WASHINGTON
STATE

Employer identification number

46-4128856

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202 | \$1,337,391. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | WASHINGTON DEPARTMENT OF EDUCATION P.O. BOX 47206 OLYMPIA, WA 98504-7206 | \$5,751,911. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | BILL AND MELINDA GATES FOUNDATION 440 5TH AVE N SEATTLE, WA 98109 | \$ <u>6,478,154</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Ocomplete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

46-4128856

| | | | 1110000 |
|------------------------------|--|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE 46-4128856 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

GREEN DOT PUBLIC SCHOOLS WASHINGTON Name of the organization

CMVME

Employer identification number

| Pa | art I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | s or Accounts. Complete if the |
|--------|---|---|---|
| | organization answered "Yes" on Form 990, Part IV, line | | Complete in the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | 14.19 | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wri | | sed funds |
| · | are the organization's property, subject to the organization's ex | - | |
| 6 | Did the organization inform all grantees, donors, and donor adv | | |
| Ü | for charitable purposes and not for the benefit of the donor or d | | • |
| | | | |
| Pa | irt II Conservation Easements. Complete if the organ | nization answered "Yes" on Form 990 | |
| 1 | Purpose(s) of conservation easements held by the organization | | rativ, mer. |
| • | Preservation of land for public use (e.g., recreation or edu | | storically important land area |
| | Protection of natural habitat | | rtified historic structure |
| | Preservation of open space | Freservation of a ce | rulled historic structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d consequation contribution in the form | of a concentration accoment on the last |
| _ | day of the tax year. | 2 conservation contribution in the form | Held at the End of the Tax Year |
| 2 | • | | |
| b | | | |
| | Number of conservation easements on a certified historic struct | uro included in (a) | |
| d | | | |
| u | | | |
| 3 | listed in the National Register Number of conservation easements modified, transferred, release | | |
| 3 | year | sed, extinguished, or terminated by the | e organization during the tax |
| 4 | Number of states where property subject to conservation easen | agent is located | |
| 5 | Does the organization have a written policy regarding the period | | |
| 3 | violations, and enforcement of the conservation easements it ho | J. , | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | | |
| Ü | Stan and volunteer riours devoted to monitoring, inspecting, na | nding of violations, and emorcing con | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | g of violations, and onforcing consonu | ation consenents during the year |
| • | \$ | g of violations, and emorcing conserva | ation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above s | atisfy the requirements of section 170 | /h)//)/P)/i) |
| Ŭ | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| Ŭ | include, if applicable, the text of the footnote to the organization | | • |
| | conservation easements. | 13 intancial statements that describes | the organization's accounting to |
| Par | rt III Organizations Maintaining Collections of A | rt. Historical Treasures. or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | | |
| | If the organization elected, as permitted under SFAS 116 (ASC 9 | | ment and halance sheet works of art |
| | historical treasures, or other similar assets held for public exhibit | | · |
| | the text of the footnote to its financial statements that describes | | and or public service, provide, in Fait XIII, |
| b | If the organization elected, as permitted under SFAS 116 (ASC 9 | | t and halance sheet works of art, historical |
| - | treasures, or other similar assets held for public exhibition, educ | | |
| | relating to these items: | ation, or research in furtherance of pu | blic service, provide the following amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ ¢ |
| | | | |
| 2 | If the organization received or held works of art, historical treasu | ures or other similar assets for financia | |
| ~ | | | a gairi, provide |
| 2 | the following amounts required to be reported under SFAS 116 Revenue included on Form 990 Part VIII line 1 | , , | • • |
| a h | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | |
| IJ | Assets included in Form 330, Fart A | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

Schedule D (Form 990) 2017

| | edule D (Form 990) 2017 STATE | | | | | | | | | Page 2 |
|---------------|---|------------------------|------------|-----------------|---------------|-------------|-------------|--------------|-------------|--------------|
| Pa | rt III Organizations Maintaining C | Collections of Ar | t, Hist | torical Tre | easures, o | r Other | Simila | r Assets | (continu | ued) |
| 3 | Using the organization's acquisition, accessing the companies (check all that apply): | ion, and other record | ls, chec | k any of the | following tha | t are a siç | gnificant ι | ise of its o | ollection i | tems |
| а | Public exhibition | (| d 🗀 | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | | | | nango progr | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how th | nev further th | ne organizati | on's exen | oarua tan | se in Part | XIII. | |
| 5 | During the year, did the organization solicit of | • | | - | • | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Pai | rt IV Escrow and Custodial Arran | | | | | "Yes" on | Form 990 |), Part IV, | | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liary for | contribution | s or other as | sets not i | ncluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | _ | |
| | Did the organization include an amount on F | | | | | | ty? | | Yes | No No |
| 200 | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete | | | | | | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two yea | irs back | (d) Three y | ears back | (e) Four | years back |
| _ | Beginning of year balance | | | | | - | | | | |
| b | Contributions | | | | | | - | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships Other expenditures for facilities | | | | | | | | | |
| Е | • | | | | | - | | | | |
| f | Administrative expenses | | | | | - | | | | |
| g g | End of year balance | | | | | - | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1 | a column (a) |)) held as: | | | | | |
| a | Board designated or quasi-endowment | | % % | g, 00.a (a) | ,, 45. | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation tha | t are held ar | nd administer | red for the | e organiza | ation | | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on S | chedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | funds. | - | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part I\ | /, line 11a. S | ee Form 990 | , Part X, I | ine 10. | | | |
| | Description of property | (a) Cost or o | | , , | or other | | cumulate | ed | (d) Book | value |
| | | basis (investr | nent) | basis | (other) | dep | reciation | | | |
| | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | 6.0 | 2 424 | | E0 04 | 1 | 600 | E20 |
| | Other | | | | 2,434. | | 59,90 | 74. | | <u>,530.</u> |
| <u>ı otal</u> | . Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part . | X. colun | nn (B). line 10 | Uc.) | | | | 002 | ,530. |

Schedule D (Form 990) 2017

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| (a) Department of accounts or | | | ne 11b. See Form 990, | | |
|--|--|---------------------------|------------------------|-------------------------|-------------------------|
| (a) Description of Security of Categ | JOTY (including name of security) | (b) Book value | (c) Method of | valuation: Cost or end | d-of-year market value |
| 1) Financial derivatives | | | | | |
| 2) Closely-held equity interests | | | | | |
| 3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| otal. (Col. (b) must equal Form 990 | , Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - I | - | | | | |
| | anization answered "Yes" or | | | | |
| (a) Description of | investment | (b) Book value | (c) Method of | valuation: Cost or end | l-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | 7-0.7-100 | |
| (9) | | | | | enementation (n. 1885). |
| Fotal. (Col. (b) must equal Form 990. Part IX Other Assets. | , Part X, col. (B) line 13.) ► | | | | |
| <u>Santanan and an and an and an and an and an an an an an an an an an an an an an </u> | onization analyses IIVas II au | . Farma 000 David IV live | - 11d C F 000 | Dest V. Ger 15 | |
| Complete ii trie orga | anization answered "Yes" on | escription | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (1) | (u) D(| 50011011 | | | (b) Book value |
| | | | | | |
| (2) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (3) (4) | | | | | |
| (3) (4) (5) | | | | | |
| (3) (4) (5) (6) | | | | | |
| (3) (4) (5) (6) (7) | | | | | |
| (3) (4) (5) (6) (7) (8) | | | | | |
| (3) (4) (5) (6) (7) (8) (9) | rm 990 Part Y col (R) line 1 | 5.) | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For | rm 990. Part X. col. (B) line 1 | 5.) | | • | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities | S. | | e 11e or 11f. See Form | n 990. Part X. line 25 | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the organical for t | rm 990. Part X. col. (B) line 1 S. anization answered "Yes" on | | e 11e or 11f. See Form | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orga (a) De | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orga (a) De (1) Federal income taxes | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Formula For | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orga (a) De (1) Federal income taxes (2) (3) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orgal. (a) De (1) Federal income taxes (2) (3) (4) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orgal. (a) De (1) Federal income taxes (2) (3) (4) (5) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal For Part X Other Liabilities Complete if the orga (a) De (1) Federal income taxes (2) (3) (4) (5) (6) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal For Part X Other Liabilities Complete if the orga I. (a) De (1) Federal income taxes (2) (3) (4) (5) (6) (7) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal For Part X Other Liabilities Complete if the orga 1. (a) De (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | s. anization answered "Yes" on | | | n 990, Part X, line 25. | |
| (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal For Part X Other Liabilities Complete if the orga 1. (a) De (1) Federal income taxes (2) (3) (4) (5) (6) (7) | s. anization answered "Yes" on escription of liability | Form 990, Part IV, lin | | n 990, Part X, line 25. | |

732053 10-09-17

Schedule D (Form 990) 2017

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| | dule D (Form 990) 2017 STATE | | | 4120000 Page 4 |
|--------------|---|---------------------------|--------------------------|---------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stat | | nue per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | 12 567 456 |
| 1 | | | 1 | 13,567,456. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ا م ا | | |
| a | Net unrealized gains (losses) on investments | | | |
| b | Donated services and use of facilities | | | |
| C | Recoveries of prior year grants | 1 | | |
| d | Other (Describe in Part XIII.) Add lines 2a through 2d | | 2e | 0. |
| e | | | | 13,567,456. |
| 3 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 13/30//1300 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| a b | Other (Describe in Part XIII.) | | | |
| C | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 13,567,456. |
| Pai | t XII Reconciliation of Expenses per Audited Financial Sta | tements With Expe | | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | • | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 13,567,452. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ••••• | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 1 " 1 | | |
| С | Other losses | 1 1 | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 13,567,452. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | .) | 5 | 13,567,452. |
| | t XIII Supplemental Information. | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | Part IV, lines 1b and 2b; | ; Part V, line 4; Part ? | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | y additional information. | | |
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| PAF | T X, LINE 2: | | | |
| adt | OC MA TO A NON DECETE DIDITO DENERTE COD | DODAMION MUA | m to evend | п гром |
| GDE | S WA IS A NON-PROFIT PUBLIC BENEFIT COR | PORATION THAT | I IS EVEWL | I FROM |
| TNIC | OME TAXES UNDER SECTION 501(C)(3) OF TH | ב דאורים אואד. סו | EVENUE COD | ב אאנט |
| TIAC | OME TAXES UNDER SECTION SUITC/(S) OF III | E INTERNAL R. | EVENUE COD. | |
| СТ. Д | SSIFIED BY THE INTERNAL REVENUE SERVICE | AS OTHER TH | AN A PRTVA | TE. |
| СЦ | DOTTIND DI INI ININIMAD KUVUKOD DUKVICO | 71D OTHER TH | 111 11 11(1 11) | |
| FOI: | INDATION. ACCORDINGLY, NO PROVISION FOR | TNCOME TAXES | HAS BEEN | REFLECTED |
| | IDITION INCOMPLICATION TO THOUSE TO THE | 11100111 1111111 | | |
| TN | THESE FINANCIAL STATEMENTS. MANAGEMENT | HAS DETERMI | NED THAT A | LL INCOME |
| | | | | |
| TAX | POSITIONS ARE MORE LIKELY THAN NOT OF | BEING SUSTAI | NED UPON P | OTENTIAL |
| | | | | |
| AUD | IT OR EXAMINATION; THEREFORE, NO DISCLO | SURES OF UNC | ERTAIN TAX | POSITIONS |
| | | | | |
| <u>AR</u> E | REQUIRED. | · | | |
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| Schedule D (Form 990) 2017 Part XIII Supplemental Inform | STA | TTE | | | | | | 46-4128856 | Page 5 |
| Supplemental lillor | matio | 'II (cc | ontinuea |) | | ···· | | | |
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

GREEN DOT PUBLIC SCHOOLS WASHINGTON

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-4128856 STATE Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Х other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X 2 catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. X If you need more space, use Part II GREEN DOT'S "INTENT TO ENROLL" FORM AND ENROLLMENT PACKAGE CONTAIN IT RACIALLY NONDISCRIMINATORY POLICY Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Х b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student Х admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X a Students' rights or privileges? X Admissions policies? 5h X c Employment of faculty or administrative staff? 5c Х 5d d Scholarships or other financial assistance? X 5e e Educational policies? Х 5f f Use of facilities? Х 5g g Athletic programs? Х 5h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х 6b b Has the organization's right to such aid ever been revoked or suspended?

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

Schedule E (Form 990 or 990-EZ) 2017

X

GR IN DOT PUBLIC SCHOOLS WASHI TON

| Schedule E (Form 990 or 990-EZ) 2017 STATE | 46-4128856 | Page 2 |
|---|-------------------|--------|
| Schedule E (Form 990 or 990-EZ) 2017 STATE Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and | 7, as applicable. | |
| Also provide any other additional information. | | |
| | | |
| LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: | | |
| | | |
| APPORTIONMENT REVENUE BASED ON STUDENT ENROLLMENT | | |
| ATTORITONIENT REVENUE DAGED ON STODENT ENROLLMENT | | |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE

Employer identification number 46-4128856

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

GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE (GDPS WA) WAS ORGANIZED IN

2013.DURING THE FISCAL YEAR ENDED JUNE 30, 2018. GDPS WA OPERATED THREE

CHARTER SCHOOLS.

GDPS WA WAS FOUNDED UPON THE SIMPLE IDEA THAT EVERY CHILD IN EVERY

COMMUNITY DESERVES TO GO TO A GREAT SCHOOL. GDPS WA'S MISSION IS TO

TRANSFORM PUBLIC EDUCATION SO ALL STUDENTS GRADUATE PREPARED FOR

COLLEGE, LEADERSHIP AND LIFE. GDPS WA'S ACADEMIC MODEL IS DESIGNED TO

MEET THE INDIVIDUAL STUDENT NEEDS AND TO PROVIDE STUDENTS WITH A

RIGOROUS CURRICULUM AND THE SUPPORT THEY NEED TO SUCCEED. GDPS WA

ENSURES THAT EVERY STUDENT HAS A HIGHLY EFFECTIVE CLASSROOM EXPERIENCE

BY PROVIDING SMALL, SAFE PERSONALIZED SCHOOLS, HIGH EXPECTATIONS FOR

ALL STUDENTS, LOCAL CONTROL AND ACCOUNTABILITY, PARENT PARTICIPATION,

AND A LONGER SCHOOL DAY AND YEAR.

COMMUNITY DESERVES TO GO TO A GREAT SCHOOL. GDPS WA'S MISSION IS TO

TRANSFORM PUBLIC EDUCATION SO ALL STUDENTS GRADUATE PREPARED FOR

COLLEGE, LEADERSHIP AND LIFE. GDPS WA'S ACADEMIC MODEL IS DESIGNED TO

MEET THE INDIVIDUAL STUDENT NEEDS AND TO PROVIDE STUDENTS WITH A

RIGOROUS CURRICULUM AND THE SUPPORT THEY NEED TO SUCCEED. GDPS WA

ENSURES THAT EVERY STUDENT HAS A HIGHLY EFFECTIVE CLASSROOM EXPERIENCE

BY PROVIDING SMALL, SAFE PERSONALIZED SCHOOLS, HIGH EXPECTATIONS FOR

ALL STUDENTS, LOCAL CONTROL AND ACCOUNTABILITY, PARENT PARTICIPATION,

AND A LONGER SCHOOL DAY AND YEAR.

TOTAL EXPENSES 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

0.

372,104.

FUNDRAISING EXPENSES

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON | Employer identification number |
|--|--------------------------------|
| STATE | 46-4128856 |
| INSTRUCTIONAL MATERIALS & TEXTBOOKS: | |
| PROGRAM SERVICE EXPENSES | 270,827. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 270,827. |
| | |
| SPECIAL DISTRICT FEES: | |
| PROGRAM SERVICE EXPENSES | 215,557. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 215,557. |
| STUDENT PROGRAMS: | |
| PROGRAM SERVICE EXPENSES | 211,502. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 211,502. |
| MAINTENANCE: | |
| PROGRAM SERVICE EXPENSES | 133,107. |
| MANAGEMENT AND GENERAL EXPENSES | 141. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 133,248. |
| RECRUITMENT & DEVELOPMENT: | |
| PROGRAM SERVICE EXPENSES | 114,981. |
| MANAGEMENT AND GENERAL EXPENSES | 15,748. |

732212 09-07-17

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE | Page 2 Employer identification number 46-4128856 |
|--|--|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 130,729. |
| COMMUNICATION: | |
| PROGRAM SERVICE EXPENSES | 104,667. |
| MANAGEMENT AND GENERAL EXPENSES | 15,005. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 119,672. |
| UTILITIES: | |
| PROGRAM SERVICE EXPENSES | 114,966. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 114,966. |
| FIELD TRIPS: | |
| PROGRAM SERVICE EXPENSES | 40,693. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 40,693. |
| UNIFORMS: | |
| PROGRAM SERVICE EXPENSES | 26,337. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 26,337. |
| SUPPLIES: | |
| 732212 09-07-17 | Schedule O (Form 990 or 990-EZ) (2017) |

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization GREEN DOT PUBLIC SCHOOLS WASHINGTON STATE | Page 2 Employer identification number 46-4128856 |
|--|--|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 11,689. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 11,689. |
| DUES & MEMBERSHIPS: | |
| PROGRAM SERVICE EXPENSES | 1,602. |
| MANAGEMENT AND GENERAL EXPENSES | 2,674. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,276. |
| | |
| BANK CHARGES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,232. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,232. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 1,652,832. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2017

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. GREEN DOT PUBLIC SCHOOLS WASHINGTON

STATE

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 46-4128856

| Part I | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | e if the organization answered "Yes" | on Form 990, Part IV, line 33 | | | | |
|---------------------------------------|--|--------------------------------------|--|-------------------------|--|-------------------------------|---------------------------------------|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | | (f) Direct controlling entity |
| | | | | | | | |
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| Part II | Identification of Related Tax-Exempt Organizations. Complete if the organizations during the tax year. | | e organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt | Part IV, line 34, be | cause it had one o | r more related tax-exe | mpt |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 512(b)(13) controlled entity? |
| GREEN DOT 46-5740783 LOS ANGELE | EN DOT PUBLIC SCHOOLS NATIONAL - 5740783, 1149 S HILL STREET SUITE 600, ANGELES, CA 90015 | EDUCATIONAL SERVICES | CALIFORNIA | 501(C)(3) | LINE 12B, II | | |
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| For Pape | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | | | Schedule R | Schedule R (Form 990) 2017 |

GREEN DOT PUBLIC SCHOOLS WASHINGTON

STATE Schedule R (Form 990) 2017

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

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General or Percentage managing ownership 乏 Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) e Direct controlling entity ਉ Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of related organization a)

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

| | ı | | | | | | | | | | |
|-------------------|------------|---|-----------|--|--|--|--|--|------|--|--|
| | ۳ | Section 512(b)(13) controlled entity? | Yes No | | | | | | | | |
| | (h) | Percentage 52(b)(13) ownership controlled entity? | ٨ | | | | | | | | |
| | (a) | Share of end-of-year | assers | | | | | | | | |
| | (£) | Share of total income | | | | | | | | | |
| | (e) | pe of entity corp, S corp | OI HIGHSI | | | | | | | | |
| | (p) | Direct control entity | | | | | | | | | |
| | (0) | Legal domicile (state or foreign | country) | | | | | | | | |
| ing the tax year. | (q) | Primary activity | | | | | | | | | |
| | (a) | Name, address, and EIN of related organization | | | | | | | | | |

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No |
|---|------------------------|--------------------------------|--|----------------------------|----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more rel | ated organizations listed i | in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | X |
| · (s) | | | | 15 | × |
| l pans or loan guarantees to or for related organization(s) | | | | 19 | × |
| | | | | 4 | × |
| | | | | 2 | 1 |
| f Dividends from related organization(s) | | | | # | × |
| | | | | | × |
| | | | | D 4 | × |
| n Purchase of assets from related organization(s) | | | | <u>-</u> | 4 > |
| i Exchange of assets with related organization(s) | | | | = | ا |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | - | × |
| Is I among the familiation and internant or ather analytical and and arraniantians | | | | ÷ | × |
| R Lease of facilities, equipment, of other assets morn related organization(s) | | | | ₹ ; | |
| | nization(s) | | | = 4 | 4 ⊳ |
| m Performance of services of membership of fundraising solicitations by related organization(s) | (s) | | | E | 4 |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | on(s) | | | 두 | 4 |
| Sharing of paid employees with related organization(s) | | | | ę | 4 |
| | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1թ X | |
| | | | | 19 | × |
| | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | × |
| | | | | 1s | × |
| 1 1 | ho must complete thi | is line, including covered i | relationships and transaction thresholds. | | |
| (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amount involved | olved | |
| | type (a.s) | | | | |
| (1) GREEN DOT PUBLIC SCHOOLS NATIONAL | Д | 65,082. | ACCRUAL | | |
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| (3) | | | | | |
| (4) | | | | | |
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| (6) | | | | | |
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Schedule R (Form 990) 2017 STATE

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

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

Dispropor- Code V-UBI General or Percentage tionale amount in box 20 managing ownership Yes No (Form 1065) Yes No 3 Ξ end-of-year Share of assets <u>(g</u> Share of income total £ (e) Are all partners sec. 501(c)(3) orgs.? Yes No Predominant income pa (related, unrelated, excluded from tax under sections 512-514) y. ਉ (state or foreign Legal domicile country) Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R (Form 990) 2017

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| Schedule F | ! (Form 990) 2017 S'TATE | 46-4128856 Page |
|------------|---|-----------------|
| Part VII | Supplemental Information. | |
| | Provide additional information for responses to questions on Schedule R. See instructions. | |
| | 1 Tovide additional information for responses to questions on ocheque 11. Gee instructions. | |
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Schedule R (Form 990) 2017

2017 DEPRECIATION AND AMORTIZATION REPORT

| ORM | FORM 990 PAGE 10 | | | | | | 990 | | | | | | | |
|--------------|--------------------------------------|------------------|--------|-------|---------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| | PROGRAM SERVICES | | | | | | | | | | | | | |
| H | FIXED ASSETS | | SL | 40.00 | 16 | 662,434. | | | | 662,434. | | | 59 904. | 59 904 |
| | * 990 PAGE 10 TOTAL PROGRAM SERVICES | | | | | 662 434. | | | | 662 434 | 0 | | 59 904 | 59 904 |
| | * GRAND TOTAL 990 PAGE 10 | | | | | | | | | | | | | * E 0 1 1 1 1 |
| | DRPR | | | | | 662,434. | | | | 662,434. | ° | | 59,904. | 59,904. |
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| 728111 | 728111 04-01-17 | | | | | (D) - Asset disposed | peso | | * | ITC, Salvage, | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone | nercial Revital | lization Deduct | ion, GO Zone |