

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: Green Dot Public Schools
D Employer identification number: 95-4679811
E Telephone number: 323-565-1600
G Gross receipts \$: 230,253,779.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: www.greendot.org
K Form of organization:
L Year of formation: 1999
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: Cristina De Jesus, President & CEO
Date:
Paid: Preparer's name: Kim Hunwardsen, CPA; Preparer's signature: Kim Hunwardsen, CPA; Date: 04/28/26; PTIN: P00484560
Preparer Use Only: Firm's name: Eide Bailly LLP; Firm's EIN: 45-0250958; Firm's address: 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033; Phone no.: 612-253-6500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Green Dot Public Schools' mission is to help transform public education so that every child can be successful in college, leadership and life. Green Dot Public Schools manages the development of and supports the operation of high quality public charter schools.

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

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

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

4a (Code: ) (Expenses \$ 209,909,998. including grants of \$ ) (Revenue \$ 6,256,537. ) Green Dot Public Schools is a network of Title I secondary schools seeking to put every student on the path to college, regardless of background. Our academic model is focused on retention, rigor, and results. We serve the "whole" student with social-emotional development in addition to academic progress. We offer a range of comprehensive programs, small schools, and safe college-prep learning environments at our public charter middle and high schools from Venice, across South Los Angeles, to Boyle Heights serving approximately 9,500 students.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 209,909,998.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'Yes' and 'No' columns contain 'X' marks indicating responses.

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....                                                                                                                            | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                                      |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | X   |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                         |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....                                                                                                                                                                                                                                                                          | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Ashley Dang - 323-565-1600
1149 S Hill St., Ste. 600, Los Angeles, CA 90015

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                 |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |                                                                               |                                                                                    |                                                                                               |
| (1) Cristina de Jesus<br>President & CEO        | 40.00<br>0.00                                                                       |                                                                                                           |                       | X       |              |                              | 397,885. | 0.                                                                            | 96,067.                                                                            |                                                                                               |
| (2) Annette Gonzalez<br>Chief Education Officer | 40.00<br>0.00                                                                       |                                                                                                           |                       | X       |              |                              | 332,213. | 0.                                                                            | 78,637.                                                                            |                                                                                               |
| (3) Michael Lopez<br>Chief Financial Officer    | 40.00<br>0.00                                                                       |                                                                                                           |                       | X       |              |                              | 284,788. | 0.                                                                            | 16,203.                                                                            |                                                                                               |
| (4) Leilani Abulon<br>Chief Academic Officer    | 40.00<br>0.00                                                                       |                                                                                                           |                       |         |              | X                            | 222,033. | 0.                                                                            | 67,592.                                                                            |                                                                                               |
| (5) Gordon Gibbings<br>Chief of Schools         | 40.00<br>0.00                                                                       |                                                                                                           |                       |         |              | X                            | 234,465. | 0.                                                                            | 55,080.                                                                            |                                                                                               |
| (6) Damon Hands<br>Vice President Of Education  | 40.00<br>0.00                                                                       |                                                                                                           |                       |         |              | X                            | 208,404. | 0.                                                                            | 70,187.                                                                            |                                                                                               |
| (7) Neal Brandenburg<br>General Counsel         | 40.00<br>0.00                                                                       |                                                                                                           |                       |         |              | X                            | 231,314. | 0.                                                                            | 24,758.                                                                            |                                                                                               |
| (8) Samantha Matamoros<br>Chief People Officer  | 40.00<br>0.00                                                                       |                                                                                                           |                       |         |              | X                            | 218,062. | 0.                                                                            | 21,770.                                                                            |                                                                                               |
| (9) LaTonia Tarver- Lopez<br>Director           | 40.00<br>0.00                                                                       | X                                                                                                         |                       |         |              |                              | 61,207.  | 0.                                                                            | 33,388.                                                                            |                                                                                               |
| (10) Kevin S. Reed<br>Board Chair               | 2.00<br>0.00                                                                        | X                                                                                                         |                       | X       |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (11) Jon Goodman<br>Board Vice Chair/Secretary  | 2.00<br>0.00                                                                        | X                                                                                                         |                       | X       |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (12) Peter Scranton<br>Director                 | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (13) Louis Gomez<br>Director                    | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (14) Ivette Pena<br>Director                    | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (15) Claudio Chavez<br>Director                 | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (16) Dr. Robert Cherry<br>Director              | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (17) Rick Barragan<br>Director                  | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (18) Jason Feuerstein<br>Director - Until Dec' 24              | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (19) Rita Ravindra<br>Director                                 | 2.00<br>0.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 2,190,371.                                                                    | 0.                                                                                 | 463,682.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 2,190,371.                                                                    | 0.                                                                                 | 463,682.                                                                                      |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 309

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                                   | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Dedicated Building Services LLC<br>119 E Saint Joseph St, Arcadia, CA 91006        | Cleaning Service               | 3,235,462.          |
| Alberto Duarte<br>635 Covington Avenue, Simi Valley, CA 93065                      | Property Maintenance           | 1,085,749.          |
| Lavinia Group, LLC<br>2805 Dodd Rd Ste 200, Eagan, MN 55121                        | Consulting                     | 818,520.            |
| Robert H Pedder & Alberto Duarte, 4348 E<br>Los Angeles Ave, Los Angeles, CA 93063 | Property Maintenance           | 392,101.            |
| Julia Stuart Yilmaz, 2366 Edgewater<br>Terrace, Los Angeles, CA 90039              | Professional Services          | 303,020.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

**Part VIII Statement of Revenue**

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

|                                                                                                                                           |                                                                                             |                      | (A)            | (B)                                | (C)                        | (D)                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
|                                                                                                                                           |                                                                                             |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                                                                             | <b>1 a</b> Federated campaigns .....                                                        | <b>1a</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>b</b> Membership dues .....                                                              | <b>1b</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>c</b> Fundraising events .....                                                           | <b>1c</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>d</b> Related organizations .....                                                        | <b>1d</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>e</b> Government grants (contributions)                                                  | <b>1e</b>            | 217,486,450.   |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 2,617,386.     |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$             |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>h Total.</b> Add lines 1a-1f .....                                                       |                      |                | 220103836.                         |                            |                                                    |  |
| <b>Program Service Revenue</b>                                                                                                            | <b>2 a</b> Local Revenue                                                                    | <b>Business Code</b> |                |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             | 611710               | 5,346,799.     | 5,346,799.                         |                            |                                                    |  |
|                                                                                                                                           | <b>b</b> Lease Income                                                                       | 611710               | 909,738.       | 909,738.                           |                            |                                                    |  |
|                                                                                                                                           | <b>c</b> _____                                                                              |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>d</b> _____                                                                              |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>e</b> _____                                                                              |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>f</b> All other program service revenue .....                                            |                      |                |                                    |                            |                                                    |  |
| <b>g Total.</b> Add lines 2a-2f .....                                                                                                     |                                                                                             |                      | 6,256,537.     |                                    |                            |                                                    |  |
| <b>Other Revenue</b>                                                                                                                      | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 3,893,406.     |                                    |                            | 3893406.                                           |  |
|                                                                                                                                           | <b>4</b> Income from investment of tax-exempt bond proceeds                                 |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>5</b> Royalties .....                                                                    |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>6 a</b> Gross rents .....                                                                | <b>6a</b>            | (i) Real       |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      | (ii) Personal  |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>b</b> Less: rental expenses ...                                                          | <b>6b</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>c</b> Rental income or (loss)                                                            | <b>6c</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>d</b> Net rental income or (loss) .....                                                  |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      | (ii) Other     |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>c</b> Gain or (loss) .....                                                               | <b>7c</b>            |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>d</b> Net gain or (loss) .....                                                           |                      |                |                                    |                            |                                                    |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>                                                                                   |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>b</b> Less: direct expenses .....                                                                                                      | <b>8b</b>                                                                                   |                      |                |                                    |                            |                                                    |  |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                               |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....                                                                | <b>9a</b>                                                                                   |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>b</b> Less: direct expenses .....                                                                                                      | <b>9b</b>                                                                                   |                      |                |                                    |                            |                                                    |  |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....                                                                   | <b>10a</b>                                                                                  |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>b</b> Less: cost of goods sold .....                                                                                                   | <b>10b</b>                                                                                  |                      |                |                                    |                            |                                                    |  |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                               |                                                                                             |                      |                |                                    |                            |                                                    |  |
| <b>Miscellaneous Revenue</b>                                                                                                              | <b>11 a</b> _____                                                                           | <b>Business Code</b> |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>b</b> _____                                                                              |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>c</b> _____                                                                              |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>d</b> All other revenue .....                                                            |                      |                |                                    |                            |                                                    |  |
|                                                                                                                                           | <b>e Total.</b> Add lines 11a-11d .....                                                     |                      |                |                                    |                            |                                                    |  |
| <b>12 Total revenue.</b> See instructions .....                                                                                           |                                                                                             |                      | 230253779.     | 6,256,537.                         | 0.                         | 3893406.                                           |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....                                                                                                                                                                 | 1,315,082.            | 1,236,177.                      | 78,905.                                |                             |
| 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 .....                                                                                                                                                                                                                 | 95,932,611.           | 83,699,016.                     | 12,233,595.                            |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                             | 22,085,426.           | 22,001,643.                     | 83,783.                                |                             |
| 9 Other employee benefits .....                                                                                                                                                                                                                  | 12,933,003.           | 12,809,341.                     | 123,662.                               |                             |
| 10 Payroll taxes .....                                                                                                                                                                                                                           | 4,457,113.            | 2,091,683.                      | 2,365,430.                             |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a Management .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| b Legal .....                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| c Accounting .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| d Lobbying .....                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                        |                       |                                 |                                        |                             |
| f Investment management fees .....                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                       |                       |                                 |                                        |                             |
| 12 Advertising and promotion .....                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 13 Office expenses .....                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 14 Information technology .....                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 15 Royalties .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 16 Occupancy .....                                                                                                                                                                                                                               | 25,065,070.           | 22,802,819.                     | 2,262,251.                             |                             |
| 17 Travel .....                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                                                            |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings .....                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 20 Interest .....                                                                                                                                                                                                                                | 1,604,651.            | 1,604,651.                      |                                        |                             |
| 21 Payments to affiliates .....                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                                                               | 3,900,638.            | 2,807,985.                      | 1,092,653.                             |                             |
| 23 Insurance .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                           |                       |                                 |                                        |                             |
| a <b>Student Services</b>                                                                                                                                                                                                                        | 41,963,602.           | 41,963,602.                     |                                        |                             |
| b <b>Student Materials</b>                                                                                                                                                                                                                       | 10,713,128.           | 10,713,128.                     |                                        |                             |
| c <b>Student Nutrition</b>                                                                                                                                                                                                                       | 8,179,953.            | 8,179,953.                      |                                        |                             |
| d <b>Operating Expenses</b>                                                                                                                                                                                                                      | 7,374,212.            |                                 | 7,374,212.                             |                             |
| e All other expenses                                                                                                                                                                                                                             | 756,767.              |                                 | 756,767.                               |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 236,281,256.          | 209,909,998.                    | 26,371,258.                            | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**Part X Balance Sheet**

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

|                                                                           |                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 119,643,818.             | <b>1</b>     | 70,269,255.        |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 25,999.                  | <b>2</b>     | 29,924,078.        |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>     |                    |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 34,375,877.              | <b>4</b>     | 30,894,961.        |
|                                                                           | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>     |                    |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>     |                    |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                          | <b>8</b>     |                    |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 269,576.                 | <b>9</b>     | 1,065,949.         |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 80,482,859.   |              |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 39,257,010.   | <b>10c</b>   | 41,225,849.        |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>    |                    |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>    |                    |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>    |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>    |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 130,488,289.             | <b>15</b>    | 126,422,522.       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 317,298,716.                                                                                                                                                                                                                   | <b>16</b>                | 299,802,614. |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 26,774,899.              | <b>17</b>    | 19,418,534.        |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>    |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>    |                    |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>    |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>    |                    |
|                                                                           | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>    |                    |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 | 0.                       | <b>23</b>    | 8,806,757.         |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>    |                    |
|                                                                           | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          | 181,461,845.             | <b>25</b>    | 168,503,426.       |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                     | 208,236,744.             | <b>26</b>    | 196,728,717.       |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |              |                    |
|                                                                           | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 106,656,324.             | <b>27</b>    | 100,749,552.       |
|                                                                           | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             | 2,405,648.               | <b>28</b>    | 2,324,345.         |
|                                                                           | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |              |                    |
|                                                                           | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>    |                    |
|                                                                           | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>    |                    |
|                                                                           | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>    |                    |
|                                                                           | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 109,061,972.             | <b>32</b>    | 103,073,897.       |
|                                                                           | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 317,298,716.             | <b>33</b>    | 299,802,614.       |

**Part XI Reconciliation of Net Assets**

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

|    |                                                                                                                |    |              |
|----|----------------------------------------------------------------------------------------------------------------|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 230,253,779. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 236,281,256. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | -6,027,477.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 109,061,972. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 39,402.      |
| 6  | Donated services and use of facilities                                                                         | 6  |              |
| 7  | Investment expenses                                                                                            | 7  |              |
| 8  | Prior period adjustments                                                                                       | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9  | 0.           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 103,073,897. |

**Part XII Financial Statements and Reporting**

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                             |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                     | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           | X   |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                      | X   |    |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...                                                                                               |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...                                                      |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...                                                                                   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | 14 | %                        |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | 15 | %                        |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |    | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                              |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

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

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

| <b>Section A - Adjusted Net Income</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                      | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                      | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                      | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                      | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                             |
| 5                                      | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                       | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.                                                                                                       | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           |   | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                       | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                       | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |                                                                                                                                                     | <b>Current Year</b> |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                                | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2024 from Section C, line 6                                                                                                | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount                                                                                                              | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)                                                                                                                           | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2024</b> | <b>(iii)<br/>Distributable<br/>Amount for 2024</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2024 from Section C, line 6                                                                                                                            |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2024                                                                                                                                 |                                     |                                                 |                                                    |
| <b>a</b> From 2019                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>b</b> From 2020                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>c</b> From 2021                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>d</b> From 2022                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>e</b> From 2023                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>f</b> <b>Total</b> of lines 3a through 3e                                                                                                                                             |                                     |                                                 |                                                    |
| <b>g</b> Applied to under distributions of prior years                                                                                                                                   |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2024 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2019 not applied (see instructions)                                                                                                                              |                                     |                                                 |                                                    |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2024 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |                                                 |                                                    |
| <b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                             |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2020                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2021                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2022                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2023                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2024                                                                                                                                                                |                                     |                                                 |                                                    |



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Green Dot Public Schools

Employer identification number

95-4679811

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>156,520,431.</u>     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>34,715,381.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>14,041,540.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>5,623,783.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>6,575,313.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>750,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | <hr/><br><hr/><br><hr/>           | \$ <u>428,545.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/><br><hr/><br><hr/>           | \$ <u>62,300.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <hr/><br><hr/><br><hr/>           | \$ <u>12,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <hr/><br><hr/><br><hr/>           | \$ <u>51,181.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <hr/><br><hr/><br><hr/>           | \$ <u>48,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <hr/><br><hr/><br><hr/>           | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | <hr/><br><hr/><br><hr/>           | \$ <u>40,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <hr/><br><hr/><br><hr/>           | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <hr/><br><hr/><br><hr/>           | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <hr/><br><hr/><br><hr/>           | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <hr/><br><hr/><br><hr/>           | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <hr/><br><hr/><br><hr/>           | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | <hr/><br><hr/><br><hr/>           | \$ 394,417.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | <hr/><br><hr/><br><hr/>           | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | <hr/><br><hr/><br><hr/>           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | <hr/><br><hr/><br><hr/>           | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | <hr/><br><hr/><br><hr/>           | \$ 7,001.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | <hr/><br><hr/><br><hr/>           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | <hr/><br><hr/><br><hr/>           | \$ 6,389.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | <hr/><br><hr/><br><hr/>           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | <hr/><br><hr/><br><hr/>           | \$ <u>250,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | <hr/><br><hr/><br><hr/>           | \$ <u>56,453.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | <hr/><br><hr/><br><hr/>           | \$ <u>75,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | <hr/><br><hr/><br><hr/>           | \$ <u>199,600.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37         | <hr/><br><hr/><br><hr/>           | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | <hr/><br><hr/><br><hr/>           | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | <hr/><br><hr/><br><hr/>           | \$ <u>7,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | <hr/><br><hr/><br><hr/>           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | <hr/> <hr/> <hr/>                 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____                                        | _____                |

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>Green Dot Public Schools</b> | Employer identification number<br><br><b>95-4679811</b> |
|-------------------------------------------------------------|---------------------------------------------------------|

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

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

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Green Dot Public Schools

Employer identification number

95-4679811

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

Yes     No

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

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

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

Yes     No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

| Description of property                                                                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                        |                                      |                                 |                              |                |
| <b>b</b> Buildings                                                                                    |                                      | 6,470,046.                      | 854,778.                     | 5,615,268.     |
| <b>c</b> Leasehold improvements                                                                       |                                      | 62,897,299.                     | 32,653,915.                  | 30,243,384.    |
| <b>d</b> Equipment                                                                                    |                                      | 8,706,262.                      | 5,748,317.                   | 2,957,945.     |
| <b>e</b> Other                                                                                        |                                      | 2,409,252.                      |                              | 2,409,252.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 41,225,849.    |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                         |                |                                                           |
| (2) Closely held equity interests .....                                 |                |                                                           |
| (3) Other .....                                                         |                |                                                           |
| (A)                                                                     |                |                                                           |
| (B)                                                                     |                |                                                           |
| (C)                                                                     |                |                                                           |
| (D)                                                                     |                |                                                           |
| (E)                                                                     |                |                                                           |
| (F)                                                                     |                |                                                           |
| (G)                                                                     |                |                                                           |
| (H)                                                                     |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |                                                           |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Security Deposits                                                     | 278,821.       |
| (2) Operating Lease Right of Use Asset                                    | 96,462,266.    |
| (3) Finance Lease Right of Use Asset                                      | 29,681,435.    |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 126,422,522.   |

**Part X Other Liabilities**

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

| 1. (a) Description of liability                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                  |                |
| (2) Operating Lease Liability                                             | 96,948,065.    |
| (3) Finance Lease Liability                                               | 28,484,545.    |
| (4) Proposition Construction Loans                                        | 20,329,321.    |
| (5) Refundable Advance                                                    | 18,500,684.    |
| (6) Note Payable - Related Party                                          | 4,240,811.     |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 168,503,426.   |

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

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

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

|          |                                                                                                      |           |              |
|----------|------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 231,292,509. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> | 39,402.      |
| <b>b</b> | Donated services and use of facilities .....                                                         | <b>2b</b> |              |
| <b>c</b> | Recoveries of prior year grants .....                                                                | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> | 999,328.     |
| <b>e</b> | Add lines 2a through 2d .....                                                                        | <b>2e</b> | 1,038,730.   |
| <b>3</b> | Subtract line 2e from line 1 .....                                                                   | <b>3</b>  | 230,253,779. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |              |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> |              |
| <b>c</b> | Add lines 4a and 4b .....                                                                            | <b>4c</b> | 0.           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  | 230,253,779. |

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

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

|          |                                                                                                       |           |              |
|----------|-------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>  | 239,171,704. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |              |
| <b>a</b> | Donated services and use of facilities .....                                                          | <b>2a</b> |              |
| <b>b</b> | Prior year adjustments .....                                                                          | <b>2b</b> |              |
| <b>c</b> | Other losses .....                                                                                    | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> | 2,890,448.   |
| <b>e</b> | Add lines 2a through 2d .....                                                                         | <b>2e</b> | 2,890,448.   |
| <b>3</b> | Subtract line 2e from line 1 .....                                                                    | <b>3</b>  | 236,281,256. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |              |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |              |
| <b>c</b> | Add lines 4a and 4b .....                                                                             | <b>4c</b> | 0.           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 236,281,256. |

**Part XIII Supplemental Information**

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

**Part X, Line 2:**

Management believes that Green Dot Public Schools has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. Green Dot Public Schools would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

**Part XI, Line 2d - Other Adjustments:**

|                                                                             |             |
|-----------------------------------------------------------------------------|-------------|
| Delta Properties, Inc. Revenue included in Consolidated Financial Stmts     | 8,413,570.  |
| Delta Properties, Inc. Elimination included in Consolidated Financial Stmts | -7,414,242. |
| Total to Schedule D, Part XI, Line 2d                                       | 999,328.    |

**Part XII, Line 2d - Other Adjustments:**

|                                                                             |             |
|-----------------------------------------------------------------------------|-------------|
| Delta Properties, Inc. Expenses included in Consolidated Financial Stmts    | 10,438,269. |
| Delta Properties, Inc. Elimination included in Consolidated Financial Stmts | -7,547,821. |
| Total to Schedule D, Part XII, Line 2d                                      | 2,890,448.  |



**SCHEDULE E  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Green Dot Public Schools

Employer identification number

95-4679811

**Part I**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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? .....                                                                                                                                                                                                                                                                                                                                                                                         | X   |    |
| 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?                                                                                                                                                                                                                                                                                                                                      | X   |    |
| 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 ..... |     | X  |
| <u>See Part II</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| 4 Does the organization maintain the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X   |    |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | X  |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....                                                                                                                                                                                                                                                                                                                                                                                                                   | X   |    |
| d Copies of all material used by the organization or on its behalf to solicit contributions? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X   |    |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II.<br><u>No scholarships are awarded as GDPS is a public charter school.</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 5 Does the organization discriminate by race in any way with respect to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| a Students' rights or privileges? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | X  |
| b Admissions policies? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | X  |
| c Employment of faculty or administrative staff? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | X  |
| d Scholarships or other financial assistance? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | X  |
| e Educational policies? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | X  |
| f Use of facilities? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| g Athletic programs? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| h Other extracurricular activities? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X  |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X   |    |
| b Has the organization's right to such aid ever been revoked or suspended? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | X  |
| If you answered "Yes" on either line 6a or line 6b, explain in Part II.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II .....                                                                                                                                                                                                                                                                                                    | X   |    |

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

Schedule E (Form 990) (Rev. 12-2024)

**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. See instructions.

**Line 3 - Explanation of Nondiscrimination Policy:**

GDPS is a public charter school and therefore is not subject to formal compliance with Revenue Procedure 75-50 as long as the charter agreement with the state is in effect. The school does publicize its nondiscrimination policy in its Intent to Enroll Form and Enrollment Package as well as on its website.

**Line 6 - Explanation of Government Financial Aid:**

California State Apportionment revenue is based on student attendance.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

|                                                             |                                                     |
|-------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>Green Dot Public Schools</b> | Employer identification number<br><b>95-4679811</b> |
|-------------------------------------------------------------|-----------------------------------------------------|

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| (A) Name and Title                              |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                 |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) Cristina de Jesus<br>President & CEO        | (i)  | 397,885.                                                           | 0.                                  | 0.                                  | 67,899.                                        | 28,168.                 | 493,952.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) Annette Gonzalez<br>Chief Education Officer | (i)  | 332,213.                                                           | 0.                                  | 0.                                  | 62,862.                                        | 15,775.                 | 410,850.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) Michael Lopez<br>Chief Financial Officer    | (i)  | 284,788.                                                           | 0.                                  | 0.                                  | 0.                                             | 16,203.                 | 300,991.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (4) Leilani Abulon<br>Chief Academic Officer    | (i)  | 222,033.                                                           | 0.                                  | 0.                                  | 43,063.                                        | 24,529.                 | 289,625.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (5) Gordon Gibbings<br>Chief of Schools         | (i)  | 234,465.                                                           | 0.                                  | 0.                                  | 44,686.                                        | 10,394.                 | 289,545.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (6) Damon Hands<br>Vice President Of Education  | (i)  | 208,404.                                                           | 0.                                  | 0.                                  | 40,606.                                        | 29,581.                 | 278,591.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (7) Neal Brandenburg<br>General Counsel         | (i)  | 231,314.                                                           | 0.                                  | 0.                                  | 0.                                             | 24,758.                 | 256,072.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (8) Samantha Matamoros<br>Chief People Officer  | (i)  | 218,062.                                                           | 0.                                  | 0.                                  | 0.                                             | 21,770.                 | 239,832.                        | 0.                                                                    |
|                                                 | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                 | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

**Part III Supplemental Information**

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

**Part I, Line 3:**

All compensation is reviewed and set by the compensation committee and CEO salary is reviewed by the Board of Directors based upon local market data for similar positions and experience.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Green Dot Public Schools

Employer identification number

95-4679811

Form 990, Part III, Line 1, Description of Organization Mission:

Our network of Title I secondary schools seek to put every student on the path to college, regardless of background.

Form 990, Part VI, Section A, line 1a:

GDPS' Executive Committee is composed of four Board members. The Committee has the authority to act on behalf of the full Board in all but a few statutorily excepted instances.

Form 990, Part VI, Section A, line 2:

Jon Goodman and Ricardo Barragan - Family Relationship  
Cristina De Jesus and Leilani Abulon - Family Relationship

Form 990, Part VI, Section A, line 4:

During the tax year, the organization amended its bylaws and articles of incorporation to change its legal name from Green Dot Public Schools California to Green Dot Public Schools.

Form 990, Part VI, Section B, line 11b:

The Audit Committee reviews and approves the Form 990. A copy of the Form 990 is provided to the Board of Directors for review and approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

Board Members and employees can self-report that they have a disqualifying interest. A disqualified employee should submit a written disclosure to their supervisor. Then, the supervisor reassigns the task in which there is a conflict. The supervisor then forwards the notice to the CEO. For Board members, they are required to disclose the conflict at the meeting where consideration of the proposed transaction takes place. After the disclosure, the Board member must leave the meeting while the remaining Board members determine whether or not a conflict exists. This disclosure is included in the Board's meeting minutes. Furthermore, if the Board or the CEO has reason to believe that a fellow board member or an employee in certain designated positions has failed to disclose a conflict of interest, the individual is informed of the belief and provided an opportunity to respond, followed by further investigation, if warranted. Thereafter, the Board or the CEO makes a determination and disciplinary and/or corrective actions are taken, if warranted.

Form 990, Part VI, Section B, Line 15:

Green Dot conducts an annual compensation review to ensure pay remains fair and competitive. The Board of Directors reviews and approves the CEO's compensation, while the Compensation Committee oversees all other employee compensation. If a committee member's own pay is under review, they recuse themselves from the process. In such cases, the CEO works with HR and the board of directors review compensation and ensure fairness. All decisions are based on market data, industry standards, and financial considerations to ensure transparency and fairness.

Form 990, Part VI, Section C, Line 19:

Listed documents are available on the organization's website and at the

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

Schedule O (Form 990) (Rev. 12-2024)



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **Green Dot Public Schools** Employer identification number **95-4679811**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** 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.

| (a)<br>Name, address, and EIN<br>of related organization                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                          |                         |                                                     |                               |                                                           |                                     | Yes                                                | No |
| Delta Properties, Inc. - 82-0212806<br>1149 S Hill St Suite 600<br>Los Angeles, CA 90015 | Educational Facilities  | California                                          | 501(c)(3)                     | Line 12a, I                                               | Green Dot Public<br>Schools         | <b>X</b>                                           |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                          |                         |                                                     |                               |                                                           |                                     |                                                    |    |



**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.

**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?

|                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                             | X   |    |
| <b>f</b> Dividends from related organization(s) .....                                                          |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                       |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                 |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                 |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                          | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) Delta Properties, Inc.          | K                             | 5,994,952.             | Accrual                                      |
| (2) Delta Properties, Inc.          | E                             | 4,240,811.             | Accrual                                      |
| (3) Delta Properties, Inc.          | L                             | 135,000.               | Accrual                                      |
| (4)                                 |                               |                        |                                              |
| (5)                                 |                               |                        |                                              |
| (6)                                 |                               |                        |                                              |





**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                                                                |                                                                                                                          |                                                           |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Type or Print</b>                                           | Name of exempt organization, employer, or other filer, see instructions.<br><b>Green Dot Public Schools</b>              | Taxpayer identification number (TIN)<br><b>95-4679811</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1149 S Hill St., Ste. 600</b>               |                                                           |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Los Angeles, CA 90015</b> |                                                           |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                 | Return Code |
|------------------------------------------|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual)  | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                          | 10          |
| Form 990-PF                              | 04          | Form 6069                          | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                          | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)             | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual)  | 14          |
| Form 1041-A                              | 08          | Form 990-T (governmental entities) | 15          |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of Ashley Dang  
1149 S Hill St., Ste. 600 - Los Angeles, CA 90015

Telephone No. 323-565-1600 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Electronic Filing PDF Attachment

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
GREEN DOT PUBLIC SCHOOLS CALIFORNIA  
TO TAKE STEPS NECESSARY TO CHANGE  
THE NAME OF THE CORPORATION**

This Resolution is presented to the Board of Directors (“Board”) of **GREEN DOT PUBLIC SCHOOLS CALIFORNIA** (“Green Dot California” or “GDPS”), a California nonprofit public benefit corporation, at a regular meeting on May 2, 2025.

WHEREAS, in June 1999 Green Dot Educational Project was established as a nonprofit public benefit corporation in the state of California;

WHEREAS, approximately seven years later, in November 2005, the Articles of Incorporation were amended, in part, to reflect a change of the corporation’s name to Green Dot Public Schools;

WHEREAS, the November 2005 name change represented a shift in identity, from an experimental project to a formal network of public charter schools;

WHEREAS, nine years later, in June 2014, the Articles of Incorporation were amended once again, in part, to reflect a change of the corporation’s name to Green Dot Public Schools California;

WHEREAS, the June 2014 name change was adopted in conjunction with the formation of Green Dot Public Schools National (“National”), Green Dot California’s sister organization which was created to serve the dual purposes of providing back-office services to charter school networks including Green Dot California while sharing the Green Dot educational model with public school districts across the country;

WHEREAS, in recent years Green Dot California has evolved once more, expanding its administrative capacity and no longer contracting with National for back-office services.

NOW, THEREFORE, BE IT RESOLVED that the Chief Executive Office and her staff shall take all steps necessary to change the name of the corporation, returning the name to Green Dot Public Schools;

BE IT FURTHER RESOLVED that the Board hereby approves the execution of the Certificate of Amendment of Articles of Incorporation, dated May 2, 2025, which is required to effectuate the corporate name change with the Secretary of State.

ADOPTED by the Board of Directors of Green Dot Public Schools California during a regular meeting duly held on May 2, 2025, at which a quorum was present.


AYES: 7

NOES: 0

ABSENT: 3

ABSTAIN: 0

CERTIFIED AS A TRUE AND CORRECT COPY:

CERTIFIED:   
Board Chairperson

May 2, 2025  
Date

ATTEST:   
Board Secretary

May 2, 2025  
Date



Secretary of State  
Certificate of Amendment of  
Articles of Incorporation  
Name Change Only - Nonprofit

AMDT-  
NP-NA

For Office Use Only

**-FILED-**

File No.: BA20251137156

Date Filed: 5/20/2025

Filing Fee - \$30.00

Certified Copy Fee (Optional) - \$5.00

This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)  
Green Dot Public Schools California

2. Secretary of State Entity Number

2045179

3. New Corporation Name

Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1.", "I", "First", or "One").

Article 1 of the Articles of Incorporation is amended to read:

The name of the corporation is Green Dot Public Schools

4. Approval Statements

4a. The Board of Directors has approved the amendment of the Articles of Incorporation.

4b. Member approval was (check one):

By the required vote of the members in accordance with California Corporations Code section 5812, 7812, or 12502.

OR

Not required because the corporation has no members.

Read, sign and date below (Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

5/2/25

Date

Signature (Do not leave blank)

Cristina de Jesus

Type or Print Name of President

5/2/25

Date

Signature (Do not leave blank)

Jon Goodman

Type or Print Name of Secretary